Clinical Lecture

ON A CASE OF

CHRONIC TUBERCULAR PERITONITIS.

Delivered at St. Bartholomew's Hospital,

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GENTLEMEN,—The symptoms of acute peritonitis are usually so striking that the disease seldom escapes recognition during life. Far otherwise is it with chronic peritonitis, which is occasionally recognised only after death, when we are surprised that an affection with a morbid anatomy so well marked should have escaped detection.

I have seen adhesions between contiguous coils of intestines as thick as skeins of silk and tuberosities as large as marbles, alterations of colour and of substance in the omentum and mesentery, that have attracted attention conspicuously directly the abdominal cavity was opened after death, whose existence was never even surmised during life. Further, I have known agglutinated masses of intestines and collections of pus in the omentum and mesentery mistaken for nearly every variety of abdominal tumour, and seen fæcal masses only within the intestines interpreted as tabes mesenterica. It is to put you on your guard against errors of diagnosis of this nature, errors which sometimes lead to most faulty and foul practice, that I ask your attention to-day.

Chronic like acute peritonitis occurs both as a primary and as a secondary or sequential disease, and, like the acute affection, too, it may be either local or general. Let me, however, refer you to the table which I have hung up illustrating the etiology of chronic peritonitis.

First. It may be due to tubercle or cancer.

Second. It may occur as the sequel of acute peritonitis from injury or lesion.

Third. It may be secondary to disease of the stomach, intestines, or abdominal viscera—as ulcerations, abscesses, enteric fever, dysentery, typhlitis, uterine fibroids, ovarian disease, hæmatocele, bladder affections.

Fourth. It may follow as the result of prolonged venous stasis provoked by heart disease with nutmeg liver, by liver disease with obstruction to portal circulation, by pressure from aneurismal or other tumours.

Fifth. It can be excited by impurification of the blood, as in chronic uræmia, chronic pyæmia, purpura, and rheumatism.

I wish you to understand that the distinction between acute and chronic peritonitis is one of degree merely, and that a great deal of the thickening, and adhesions, and alterations of colour and substance in the peritoneum discovered after death from a variety of different causes really dates back to an affection which was at first local, and, so far as symptoms were concerned, subacute.

Most of you have formed your ideal of peritonitis as an affection attended by sharp, sudden abdominal pain, tenderness, vomiting, and speedy collapse, with tense and tympanitic belly. I invite your attention to a disease which rarely courses altogether without pain or vomiting, but which is not characterised prominently or invariably by either, and in which the abdomen itself may be collapsed and shrunken.

The opinion entertained by Louis in 1821 was that chronic peritonitis, as a self-originated disease, is always associated with tubercles; and although since then our ideas of tubercle have become better defined, few pathologists of the present day would, I apprehend, dispute the fact of the nearly invariable appearance of lymphoid growths and nodules in connexion with chronic inflammation of the peritoneal serous membrane. Latest experience, too, in this respect, endorses pretty closely the views which attach the development of tubercle to some blood-infecting local disease; old purulent collections or caseously degenerating pus in glands are forthcoming in nearly every case of chronic tubercular peritonitis I encounter. Dr. Copland,[1] adverting to the etiology of chronic peritonitis, says, "It must be admitted that chronic peritonitis, occurring independently of injury, of rheumatism, of visceral disease, or of cutaneous eruptions, is generally tubercular, and is observed chiefly in scrofulous subjects."

As a general rule, this disease occurs in weakly-looking individuals or children, who present hard, somewhat full, but not very tender bellies. Abdominal pain is complained of, and the bowels are irregular, sometimes confined, sometimes loose. The appetite is bad; digestion slow and difficult; vomiting is occasional; wasting is progressive. The temperature fluctuates considerably—is, as a rule, about 100°, but may rise to 104° and fall to below 97°. Hectic fever and night sweats prevail. Here is an illustrative case.

Edward I——, thirty-six, a publican, was admitted into Luke ward, under my care, on Nov. 27th, 1876. He was a dark-complexioned, emaciated-looking man, with anxious expression, and the corners of his mouth drawn down, as they usually are in abdominal disease associated with diarrhœa. He stated that he had been suffering for five weeks past with abdominal pain, more or less constant, of a gnawing character, made worse by pressure. When he was first seized with the pain he was very sick and had diarrhœa; had been confined to the house, and mostly to his bed, by reason of the pain and sickness, and had found relief from hot poultices. The vomiting and diarrhœa were most severe the last week before his admission. His own family history, so far as he knows, is free from taint; individually he has never been very strong. Has been married four years; his wife died five months ago from rapid phthisis, having borne him one child, who is living and healthy.

Present condition.—Skin generally sallow, dry and branny over abdomen; complexion muddy; eyes sunken. Temperature in axilla 100·4; pulse 72, feeble; respiration 24. Glandular system, cervical, axillary, and inguinal, generally enlarged. Air enters the thorax freely everywhere, but behind, upon the right side, the hepatic dulness appears somewhat increased upwards. There is a little sibilus, with coarse expiratory sounds, in the axillary region and at the root and the apex of the right lung. Area of præcordial dulness normal. Heart-sounds clear. Abdomen rather full; feels doughy in front. Good resonance in both lumbar regions, but in parts the percussion note and sense of resistance offered are abnormal, especially in the left iliac region. Tongue red at tip and edges, furred on dorsum. Breath has the odour of a freshly-opened lobster. Urine clear, passed in fair quantity; sp. gr. 1020; contains no albumen.

Ordered absolute milk diet, with subcutaneous injections of morphia, a quarter of a grain as required, to relieve pain and obtain sleep.

Course and progress.—Up to Dec. 21st he remained fairly comfortable; diarrhœa and vomiting were easily checked either by morphia subcutaneously or small doses of sedative solution of opium; but he continued to emaciate, and his temperature remained constantly high (above 100°). The bowels acted scantily; the abdomen remained unaltered in form and tenderness and feel. There was little or no cough, and repeated physical examination of the lungs had furnished always negative results. But on Dec. 21st an alteration took place in this particular respect. He had violent and prolonged spasmodic coughing fits; and shortly after one of these he spat up some fetid matter. There was no marked dulness over the superficial parts of the thorax, or pain, but crepitation râles at both bases posteriorly, with coarse breathing at the apices. Pulse 120; respiration 24; temperature 102°. Later on the sputum became copious, and both it and the breath obtained a gangrenous fetor. The temperature rose on the following two days to 103·5° and 105·5° respectively. The dulness on percussion, with absence of breathing and moist sounds at the base of the left lung, led me to believe that some collection of pus from the abdominal cavity had probably made its passage into the base of the left lung through the diaphragm, although the presence of abundant crackling crepitation at the base of the right lung rendered the diagnosis of the positive seat of the pus infiltration an open question.—Dec. 25th: Still complains of no pain, but is able to take very little nourish-

[1] Copland's Dict., edit. 1858, vol. iii., part 1, p. 73.

ment. Pulse 120, fuller; respiration 22; temperature 105°. Says that he is quite sickened by the fetor of the stuff he is bringing up. The sputum was examined under the microscope, and no lung-tissue could be detected. He became gradually feebler, and died the same day, remaining quite conscious up to death.

Post mortem examination.—The abdomen contained a moderate amount of offensive purulent fluid. Stomach, liver, spleen, and intestines were all matted together, and covered by thick layers of pultaceous lymph lying over all the internal viscera; and adherent at its sides and lower fringe to the abdominal parietes was a pancake-like mass of omentum and pultaceous purulent lymph nearly two inches thick. Thus was formed a huge superficial abscess cavity occupying the entire front of the abdomen, which communicated by a fistulous passage perforating through the diaphragm into the left pleural cavity. The lower half of the left lung was adherent to the diaphragm by its base, and its substance was entirely infiltrated with pus, but there was no abscess cavity in it. The rest of the left lung and the right lung were highly œdematous. No caseous deposits existed in the lungs. Heart normal; liver large; spleen and kidneys natural. The lumbar and mesenteric glands were in various stages of caseous degeneration. There were collections of pus between contiguous coils of intestines in various situations. The vermiform appendage was swollen and thickened, as were the intestines, too, generally, although there was no existing ulceration of the mucous surface, or evidence of old tubercular ulcers. The peritoneal coat of the intestines, besides being much thickened, presented tubercular nodules in great number.

Remarks.—The essential morbid anatomy and clinical features of chronic tubercular peritonitis were well represented here. If the patient's own history is to be credited—and that it represents his own sensations as to the duration of his own malady may, I think, be accepted,—he was only ill eight weeks. But please to remember that his wife died of acute phthisis, and that although there was no tubercle in the lungs and intestines, the mesenteric and lumbar glands may have been affected for some months, if not for years past. He may have communicated disease to her, too, through the fœtus in utero, and have been the subject of latent disease for many years himself.

One of my class put a very proper question to me upon some terms I had employed at the bedside in discussing a very similar case to this yesterday, in which the chronic peritonitis was secondary or incident to rapidly developing cancerous disease. I had used the phrases morbid anatomy of the disease and its pathology, and I was asked what difference can there be between them. My answer at the moment was that a fly was an insect, but every insect was not a fly. Pathology, as the larger and more comprehensive term, is applied collectively to the nexus of anatomical events which entail alterations in the structure and functions of parts, while morbid anatomy discusses these *seriatim*. Pathology, as applied to disease, is the "logos," or physiological interpretation of one or more morbid changes. Morbid anatomy is the investigation of the changes themselves. It happens sometimes that the morbid anatomy is so little apparent that the true pathology of a disease remains obscure or uninterpreted at last. Thus chronic peritonitis may effect so extensive a destruction of tissues that we can only faintly guess at the order of events or pathology which led up to it.

A patient may have some caseous mesenteric or lumbar glands, the sequel to a past enteric process, become malnourished, develop a latent tubercular diathesis, suffer with symptoms of chronic tubercular peritonitis, and finally succumb to an acute tubercular meningitis; his head symptoms only during life and after death attracting attention.

Let me revert, however, to my text—chronic peritonitis,—and give you some illustrative examples of it when it has resulted from either injury or lesion in a future lecture.

Tuberculous peritonitis, as Bamberger remarks,[2] must be distinguished from tuberculosis of the peritoneum. The former originates always in an exudation of a more or less fibrinous nature, the actual formation of tubercles following as a secondary event. The pain is perhaps less than belongs to chronic peritonitis of other pathological origin; still colicky pains exist. The tenderness, even upon pretty firm pressure, is not great. Diarrhœa is usually only present when the intestines themselves are the seat of tuberculous ulceration. At first, or when the exudation is recent, the intestines may be distended with flatus. The pain due to this passive paralytic distension is then considerable, and the bowels remain inactive during it. Later on the abdomen becomes collapsed and flaccid; its skin is dry, mummy-like, shrunken, wrinkled, and desquamating; and, although the subcutaneous fat is absorbed from deep-seated intraperitoneal thickening, the abdomen feels tough and doughy. The percussion note differs much in different places, and the whole belly seems like a thick bag full of sausages—a sensation, due in part to thickening of the coats and matting together of the intestines, and partly derived from fæcal collections and interposed circumscribed abscesses.

Another feature often of great clinical importance in these cases during life is the omental tumour; the omentum, enormously thickened and contracted close up to the stomach, forming a bolster-like mass that lies across the abdomen, and from its tough feel giving rise to the idea of impacted fæces in the transverse colon. When it is thus to be felt during life, it becomes an important aid to diagnosis; but you will, I hope, remember, what our present case indicates so distinctly, that the omentum may at an early stage of the exudation become adherent to the intestines and to the anterior wall of the abdomen, and thus no longer admit of being puckered up into a mass.

Easy as the diagnosis of tubercular peritonitis occasionally is from the hereditary proclivity and history of the case, omental tumour and other clinical evidence, cough expectoration and physical signs in the chest, I have encountered examples of it where the disease could only be guessed at as the most probable solution of a nexus of symptoms each in themselves quite inconclusive. When wasting with inconstant hectic fever exists, marasmus without disease enough of lungs, or liver, or kidneys, or lymph glands, to explain it; when food is absolutely loathed and the tendency is to vomit, and the bowels are irregular although easily whipped up to catarrhal diarrhœa by gentle purgatives; when the abdomen feels full and in places hard, although its parietes are wasted; when the pulse is always quick and feeble, the tongue thin, pointed, red, and sore, and the *breath presents an odour of shell-fish, the smell of a fresh opened lobster*, a clinical feature to which I called attention in the present case, and have repeatedly noticed as a symptom rarely absent in chronic peritonitis,—you may fairly surmise the presence of this disease.

[2] Virchow's Handbuch der Spec. Pathol. und Therapie. Band vi., Abtheilung 1, p. 693.

Lectures
ON
DISEASES OF THE NOSE.

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LECTURE III.

(*Reported by* Dr. GORDON HOLMES.)

EPISTAXIS.

GENTLEMEN,—The subject of to-day's lecture is Epistaxis, which may be defined as *hæmorrhage from the nose, originating either in the nasal cavity proper or in the cavities having no external outlet unless through it—viz., the frontal sinuses, the antrum, and the ethmoidal and sphenoidal cells.*

Etiology.—"Sometimes a remedy; sometimes a warning; sometimes really in itself a disease;" is the terse summing-up of Sir Thomas Watson.[1] Strictly speaking, epistaxis is only a symptom; but it may be the only obvious symptom, and so, for all practical purposes, constitute the disease. Epistaxis may be either *primary*—i.e., dependent on some morbid condition of the nose itself; or *secondary*—i.e., the result of disease situated in some other part of the body.

[1] Practice of Medicine, 2nd edit., vol. i., p. 793.

Cloquet[2] divides epistaxis, or "hæmorrhinia," as he prefers to call it, into *traumatic*, *plethoric*, and *adynamic*. These terms explain themselves, and should be borne in mind as affording useful indications in the treatment of this affection. The etiology, however, is most conveniently discussed under the heads of primary and secondary.—*Primary*. Direct violence, such as a blow on the nose with the fist, is a common cause of epistaxis. In acute or chronic rhinitis forcible blowing of the nose not unfrequently causes it to bleed. Where there is ulceration of the mucous membrane, or disease of the bones forming the nasal cavity, the discharges are nearly always of a sanious character. Bleeding from the nose accompanies growths in the nares, both benign and malignant, especially the latter; and vascular polypi usually give rise to repeated attacks of hæmorrhinia.[3] It may be caused by the inhalation of acrid vapours, or irritating powders, such as jalap, ipecacuanha,[4] &c.; and Brendinus[5] records the curious idiosyncrasy of a secretary of Francis I. who was always obliged to leave the table if apples formed a part of the dessert; for if he did not withdraw the odour of this fruit soon produced an abundant epistaxis — *Secondary*. This may be either active or passive. *Active* epistaxis occurs when, from any cause, there is a great and sudden determination of blood to the head[6] or to the surface of the body, and may arise from violent exertion or emotion, or from wearing a tight cravat. In making the ascent of high mountains, persons are frequently affected with spontaneous hæmorrhinia; but the laborious effort of toiling up the side of a steep glacis has as much to do with the production of this symptom as the low atmospheric tension at great heights. It is possible to ascend passively, as in a balloon, to a considerable elevation without being subjected to any such an occurrence.[7] *Passive* epistaxis almost always implies a morbid condition of the blood, which may be greatly modified in character or merely impoverished. In fevers of the more malignant type we see an example of the first kind, and simple anæmia illustrates the other. The violent rush of blood to the surface of the body which ensues on the accession of the hot stage in intermittent fever is frequently attended by a hæmorrhage from the nose, and partakes of the character of active hæmorrhage; but the epistaxis which often accompanies or ushers in the eruptive and relapsing fevers is of a passive character. It sometimes precedes influenza, and is a common complication of scurvy and purpura. A remarkable instance of the latter disease occurred to me a few years ago. The patient was a middle-aged man who had lived in the tropics for some years, and had lately returned home in bad health. He was first attacked with hæmorrhage from the larynx. This yielded after a time to spray inhalations of tannin, but was followed almost immediately by such severe epistaxis that the posterior nares had to be plugged. After two days alarming hæmorrhage came on from the lungs, and Dr. Walshe saw the patient with me. Under the use of large doses of ergot of rye the hæmoptysis ceased, but thirty-six hours later the patient died from sanguineous apoplexy. In children, epistaxis sometimes occurs as a concomitant of a highly plethoric condition, but, according to my experience, is more often seen in those of an ill-nourished, strumous constitution. Hæmorrhinia is also stated to be common in children of a gouty or arthritic diathesis.[8] In persons who are the subjects of hæmophilia, or the hæmorrhagic diathesis, the nose is one of the most usual sites of the bleeding. Passive hæmorrhages are extremely common in anæmic states of the system. Out of 81 cases of leukæmia collected by Mosler,[9] there were 64 hæmorrhages, and 35 of these were from the nose. Epistaxis is not uncommon about puberty, and in females it sometimes seems to take the place of the catamenial flow. Fricke[10] records a fatal case of this nature. A girl, aged nineteen, had recurring epistaxis every six weeks, accompanied by the menstrual molimen. She had never menstruated, and at length she succumbed to the continuous loss of blood. Kussmaul[11] saw periodical hæmorrhinia in a woman having no uterus, but he doubts the menstrual character of this case. Notwithstanding the numerous observations of a similar nature by various authorities, Puech[12] shows from the statistics of 100 cases that the nasal mucous membrane is least frequently the seat of a vicarious catamenial flow. Thus in 32 cases the hæmorrhage proceeded from the stomach, in 25 from the breasts, in 24 from the lungs, and from the nose in 18 cases only. Epistaxis often occurs as the result of venous obstruction in heart disease, emphysema, pertussis, and in cases of compression of the large venous trunks by tumours of the neck and chest. Diseases of the kidneys, liver, and spleen are frequently accompanied by troublesome nasal hæmorrhages. In acute yellow atrophy of the liver and in phosphorus poisoning, the general symptoms and morbid anatomy of which bear so singular a resemblance to one another, a rapid softening and fatty degeneration of the circulatory apparatus takes place, and under these circumstances attacks of hæmorrhinia are of common occurrence. Heredity is not without some influence in rendering persons prone to epistaxis,[13] and finally I may mention that it seems sometimes to have prevailed epidemically. An instance of this sort is cited by Morgagni,[14] and Cloquet[15] refers to a similar phenomenon related by Gilchrist.

Symptoms.—There are certain symptoms which often precede and accompany epistaxis, and in the course of fevers especially we may sometimes, like Galen[16] and Hippocrates, predict the advent of a critical nasal hæmorrhage. These prodromata are principally a feeling of fulness in the frontal region, tinnitus aurium, throbbing of the carotid and temporal arteries, flushing of the countenance, and a sensation of tickling or irritation in the nostrils. The last symptom is by far the most common, and is almost always experienced. All the above phenomena, however, are of uncertain value, and one or more of them may be present without resulting in any epistaxis. The hæmorrhage usually takes place from one side of the nose only, but sometimes, especially in some of the disordered blood states, such as scurvy, purpura, and atrophy of the liver, it flows from both nostrils. Many of the old observers believed that epistaxis dependent on disease of the liver proceeded from the right nostril, but that, if connected with some lesion of the spleen, the hæmorrhage took place from the left.[17] Both empirically and theoretically this supposition is not devoid of foundation, and I have seen several cases in which the relation between the site of the bleeding and the internal viscera affected certainly seemed more than a mere coincidence. The quantity of blood which may be lost before a spontaneous cessation of the hæmorrhage takes place, and the rapidity with which it escapes, are both extremely variable. Hæmorrhinia may consist of an almost imperceptible but persistent oozing, or there may be such a rush of blood as would lead us to suppose that a large vessel had been ruptured. Martineau[18] saw a case in which the hæmorrhage amounted to 12 lb. in sixty hours. Another instance[19] is reported in which 75 lb. of blood trickled away from the nose in the course of ten days. Lastly, Rhodius[20] relates the case of a boy who, instead of being a victim to the usual cause of a "bloody nose" amongst schoolboys, was suddenly seized with epistaxis whilst listening with fixed attention to a discourse during school hours. This attack did not subside for a period of twenty-one days and a half, and at the end of that time the amount of blood lost was 18 lb.

Pathology.—The plexiform arrangement of the veins of the nasal fossæ, and the very small amount of submucous areolar tissue, at once explain the predisposition to hæmorrhages from the nose. We are not, however, possessed of any pathological facts respecting alterations of structure, or varicose conditions of the veins, which we might expect to find in the subjects of habitual epistaxis. With respect to the connexion of hæmorrhinia with con-

2 Ophrésiologie, p. 547.
3 See Virchow: Krankhaften Geschwülste, Bd. iii., s. 463.
4 Cloquet, op. cit., p. 550.
5 De re cibaria.
6 Cloquet (op. cit., p. 554) mentions a spring in the Auvergne mountains of such coldness that if the herdsmen plunge their arms into it blood immediately gushes out from the nose.
7 See Cloquet, op. cit., p. 560.
8 Guy's Hospital Reports, 1863, p. 39.
9 Leukæmie, Berlin, 1875.
10 Würtemburg, Med. Correspond., 1844, No. 21. See also a curious case observed by Otto Obermeier, and related at length by Frankel in Ziemssen's Cyclopædia of the Practice of Medicine, vol. iv., p. 162.
11 Von Mangel der Gebärmutter (Würtzburg, 1859).
12 Gazette des Hôpitaux, 1863, p. 184.
13 Babington, THE LANCET, 1865, vol. ii., p. 362.
14 De Sedibus et Causis Morborum, tom. i., p. 414.
15 Op. cit., p. 557.
16 See Galen, De Crisibus, lib. iii., cap. 3.
17 See Morgagni, op. cit., ep. 14, No. 23.
18 Union Médicale, 1865, No. 104.
19 Act. Erudit.; Lipsiæ, 1688, p. 205.
20 Obs. Med. Francof., 1676, obs. 90.

stitutional affections, the causes must be sought, as Niemeyer[21] observes, either in an increased pressure of the blood on the walls of the channels through which it flows, or in an organic change in the tissues composing the vessels themselves. In most instances probably both conditions are associated, as the loss of resiliency consequent on degeneration of the coats of the bloodvessels is generally compensated for by a hypertrophic development of the heart. We may mention that *in youth* hæmorrhinia often arises in anæmic conditions and hæmophilia, or complicates scurvy and purpura; whilst *in old age* it is symptomatic of lesions of the thoracic viscera, or chronic diseases of the liver and kidney.[22] Under all these circumstances, however, it must be recollected that the peculiarity affects more or less the whole vascular system, and epistaxis occurs merely because the vessels of the nose constitute normally the weakest point.

Diagnosis.—Few mistakes are likely to arise in the diagnosis of epistaxis. It occasionally happens, however, that the hæmorrhage, having commenced during sleep, passes into the pharynx, and from thence down the œsophagus, and more rarely into the larynx and trachea. In either case its expulsion by vomiting or coughing is certain when the patient awakes, and under such circumstances epistaxis has been known to simulate, and be mistaken for, hæmatemesis or hæmoptysis. M. Barthez[23] reports a case in which he had much hesitation in arriving at a correct diagnosis. The patient, a child aged four, was suddenly awakened from sleep by a gush of blood from its mouth. On auscultating the chest, some scattered râles could be heard, and it was only on consultation with Prof. Trousseau that M. Barthez became assured of the purely nasal origin of the hæmorrhage. Köppe[24] saw a case of disease of the tympanic cavity in which blood proceeding from the transverse sinus appeared simultaneously at the nostrils and the external auditory meatus. There are few, however, of these exceptional instances in which a little careful attention to the general features of the case will not eliminate every source of error from the path of the thoughtful practitioner.

Prognosis.—Being possessed of the most effectual means for the arrest of nasal hæmorrhage, our prognosis as to the immediate danger to be apprehended in cases of epistaxis will depend altogether on the amount of blood which has been lost before we see the patient, considered in relation to his physical condition. In some instances, of course, the effects of hæmorrhinia are highly beneficial, whilst in the adynamic forms of the affection nothing but increased debility and prostration can be expected from the occurrence of the hæmorrhage, which in such cases may be attended with all the phenomena of acute anæmia and collapse. Where, however, the epistaxis is merely symptomatic of some other malady of graver import, such as chronic Bright's disease, acute yellow atrophy of the liver, cardiac affections, &c., our prognosis as to the ultimate recovery of the patient will usually be a question wholly apart from the fact of the intervention of an occasional and perhaps even a trifling complication. Some of the older writers[25] considered hæmorrhinia in young persons indicative of a predisposition to pulmonary phthisis, and no doubt the adynamic forms are often associated with a strumous diathesis. In such cases, however, our inferences should be drawn rather from the apparent constitutional tendencies of the individual than from a possibly fortuitous liability to epistaxis.

Treatment.—The question as to the advisability of arresting the hæmorrhage must first be decided. Some indications on this point are well laid down by Peyer.[26] He observes:—"Plethoric youths in whom an epistaxis is aborted are prone to be attacked by cephalalgia, otalgia, and various catarrhal affections. Any hæmorrhage which is accompanied by debility, pallor, and coldness, must be considered as excessive, and in such cases the active aid of the physician is demanded." Where there is great venous obstruction, as in cardiac disease, emphysema, cirrhosis of the liver, &c., or in females where the hæmorrhinia is of a vicarious character, there is little demand for a precipitate interference, unless the bleeding has been very persistent. Examples exist in which mania,[27] epilepsy,[28] rheumatism, dyspnœa,[29] &c., have been cured or greatly alleviated by an attack of epistaxis. In cases, however, where the epistaxis is evidently beneficial, it is nevertheless mostly unadvisable to resort to general bloodletting, with the view of affording a fuller relief to the patient. In illustration of this fact Fränkel[30] gives the incident of a girl who, being subject to vicarious hæmorrhinia, the result of amenorrhœa, volunteered herself for arteriotomy on the occasion of a transfusion. At the very time that the blood flowed from her radial artery she was suddenly seized with one of her periodical attacks of epistaxis. In the great majority of instances the hæmorrhage soon comes to a spontaneous termination, or, if not, it can easily be arrested by numerous simple expedients. The well-known plan first suggested by M. Négrier,[31] of raising the arm which corresponds to the bleeding side of the nose above the head, and compressing the nostril whence the hæmorrhage issues with the hand which is at liberty, is easily executed, and frequently successful. We may apply cold water or ice to the forehead, or even to the dorsal region of the back; or by means of the ether spray we may freeze the integuments of the nose. Astringent solutions may be injected, or powdered tannin may be blown, into the nasal cavity. When the leaking vessel is near the anterior aperture of the nares, we may sometimes restrain the bleeding if, like Valsalva,[32] we employ pressure by means of a finger introduced into the nostril; but the insertion of lint or charpie will be more comfortable to the patient. If the above methods are inadequate, or if we judge it to be of importance to check the hæmorrhage as soon as possible, we must have recourse to plugging of the posterior nares. This operation can usually be effected without difficulty by the aid of a Bellocq's sound. This ingenious little instrument consists of a piece of watchspring, terminating in a knob, through which a hole is drilled, and contained in a cannula of an appropriate size and curve to be passed, catheter-like, through the nasal canal. Having passed the sound sufficiently far into the bleeding nostril, we release and push the watchspring in the direction of the pharynx, by unscrewing a stylet which occupies the anterior part of the cannula. The distal extremity immediately coils round the lower border of the soft palate, and projects with its knob into the mouth. A pledget of lint about an inch square is then attached to the knob by a string, and pulled up against the posterior nares by withdrawing the whole instrument from the nose. It is advisable that one end of the string attached to the tampon should hang out through the mouth and the other through the nose, both ends being secured by tying them together round the ear. An anterior tampon is then fixed in the nostril in question, and all possibility of further bleeding is in this way prevented. If we bring both ends of the string out through the nose, we can sustain the anterior tampon more firmly in its position by tying them over it; but in adopting this method we lose the readiest means of withdrawing the posterior plug—i.e., by the string passing out at the mouth. These plugs should not be kept in longer than forty-eight hours, as there is some danger of inducing troublesome ulceration, or even—according to Habershon[33]—pyæmia, from their prolonged retention. If they have become very firmly adherent to the mucous membrane, the nares should be irrigated for some time with warm water through the unaffected nostril, with the mouth closed. When a Bellocq's sound is not at hand, a gum-elastic catheter can be made to answer the purpose. The stylet should of course be removed; and it will also be necessary to fix a piece of string or a strong silk ligature to the end of the instrument before passing it into the nose. In the year 1875 I was summoned to a surgeon in the middle of the night who had lost several quarts of blood. The bleeding had been going on for two days, and the patient had ineffectually employed styptics and plugging of the nose anteriorly. He had become very weak, and indeed almost pulseless. In his pocket-case I found a female catheter, which answered extremely well for conveying the end of a

21 Text-book of Pract. Med., 2nd edit., p. 293.
22 See Todd, Clinical Lectures, 2nd edit., p. 417; and Copland, Dict. of Pract. Med., vol. ii., p. 74.
23 Malad. des Enfants, t. ii., p. 284.
24 Arch. f. Ohrenheilkunde, Bd. ii., s. 181.
25 See Blumenbach, De Varietate Generis Humani.
26 De Morbis Narium, p. 16. Basileæ, 1706.
27 Van Swieten, Comment. in Aphor., 1124.
28 Hoffman, De Epilepsiâ, Obs. 1
29 Raymond, Malad. qu'il est dang. deguérir, p. 255.
30 Op. cit., vol iv., p 168.
31 Archives Gén. de Méd., 1842, p. 168.
32 Morgagni, op. cit., ep. 14, No. 24.
33 THE LANCET, Feb. 27th, 1875.

piece of string through the nose to the pharynx, where it was seized, a plug attached, and the string drawn up through the nose. Several devices have been introduced in order to simplify the operation of plugging the posterior nares. Thus we may employ for the purpose an instrument called the "rhineurynter," which consists of a soft india-rubber balloon fastened to the extremity of a flexible tube provided with a stopcock. Being passed backwards through the nose as far as the pharynx, it is inflated with water or air by means of the tube, and kept full by turning the stopcock. This instrument originated in J. P. Frank's[34] suggestion that a piece of hog's intestine should be moistened, and passed into the nasal canal with the aid of a probe, and then injected or inflated. Diday[35] suggests a thin caoutchouc bag (such as a "French letter"), to be used in a similar manner. Josiah Smyly[36] and others have recommended that the whole affected side of the nose should be filled with absorbent wicks or bibulous paper, which may be used dry or soaked in astringent solutions. In all cases, after tampons or wicks are removed, it will be necessary to wash out the nose occasionally with some mild astringent solution (permanganate of potass, perchloride of iron, carbolic acid, &c.) in order to restore the mucous membrane to a healthy state. With respect to the position to be assumed by the patient during an attack of epistaxis, it is usually recommended, with the view of obviating any tendency to a determination of blood to the head, that he should be kept erect or in a reclining posture, with the head and shoulders well raised. At this hospital, however, the practice which has been followed with uniform success for many years is to place the patient in a recumbent position, the head being on a level with the rest of the body. This treatment is based on the fact that the force of the heart's action is reduced to its minimum when the body is recumbent.

As regards the constitutional treatment of hæmorrhinia, it is often advisable to administer such internal remedies as either increase the density of the blood or cause contraction of the arterioles. The first indication is best met by the employment of sulphate of soda[37], of which we may give half a drachm to two drachms every three or four hours, whilst for the latter purpose the exhibition of ergotine has considerable reputation. Of this drug we may give, every hour, ten to thirty minims of the liquid extract by the mouth, or two-thirds of a grain by subcutaneous injection. Any of the ordinary hæmostatics, such as perchloride of iron, acetate of lead, gallic or sulphuric acid, &c., may also be employed. In extreme cases transfusion may be had recourse to. Mosler[38] relates an instance of hæmophilia which was completely cured by this means. The immediate object of the transfusion was the arrest of an attack of epistaxis, in which it was not only successful, but it appeared subsequently that the tendency to repeated hæmorrhages on slight occasions had also been averted.

ON RINGWORM OF THE HEAD, AND ITS MANAGEMENT.

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(*Continued from p. 644.*)

TINEA CIRCINATA (RINGWORM OF THE BODY).

IT will be convenient to make a few brief observations here, by way of supplement, about ringworm of the body, which so frequently occurs in conjunction with that of the head. The two are identical in their essential nature, with this difference, that there are only a few insignificant hairs present in the one case, and hence the patches are not covered over by short, bent, twisted, brittle hairs recognisable by the eye. The mere look of the disease is in this respect different; the disease, however, from its superficiality, is the more readily curable. The identity of the two things is shown by the fact that when tinea circinata travels from non-hairy to hairy parts it assumes the characters of ordinary ringworm of the head; and what is of more consequence to be aware of is the fact—which, however, may be inferred from what has just been said—that ringworm of the head in one subject may be caused by contact with the ringworm on the body of another.

The recognition of body ringworm—consisting, at first, of red scurfy places, which gradually assume the aspect of red rings made up of ill-defined vesicular or papular raised edges, enclosing pale, scurfy centres, in the scales from which fungus elements can be detected—is never a matter of difficulty in the vast majority of cases; and I therefore do not enter into this question, nor that of tropical body ringworm. I wish, however, to point out that in some cases, in which body ringworm is extensive, recurrent, and chronic, the state of the bodies of children is, without question, unusually favourable for the development of ringworm, and that the very same general treatment as that advisable in severe ringworm cases is called for to rectify this susceptibility. But, whilst admitting this fact, I believe also that though the profuseness and obstinacy of ringworm may *seem* in other cases to be due to the existence of some general state of the nutrition favourable to parasitic growth, yet they are not so in reality, but are truly the result of the neglect of proper local measures calculated to prevent the reimplantation of the fungus upon the body and its transplantation from part to part. In many cases the fungus elements obtain access to clothes, comforters, and such things, only to be brought continually in contact with the body as the sources of fresh mischief; or ringworm, existing in two or three parts of the body, is spread from place to place because of the absence of proper applications, ablutionary measures, and the like. I think this is proved by the immediate good effects of the careful disinfection of linen and of the body by suitable baths, and the removal or destruction of agents that are likely to convey reinfection, in those cases in which body ringworm is often extensive, recurrent, and chronic, and is not associated with any definite condition of ill-health.

It may be useful to add that in tinea circinata contracted from cattle—e.g., horse or calf,—although in some cases it presents ordinary features, yet it is usually more severe in character. The whole patch is swollen and studded over with yellow points, which are inflamed follicles and subsequently decided crusts, so that the aspect of parasitic sycosis has been assumed, and under such circumstances the disease has been mistaken for psoriasis in its earlier stage, and for carbuncle in other cases. The patches generally occur on the arms of those who are called upon to dress cattle affected with ringworm. I have seen it attack various parts of the body, including the face and chin, and in the latter, where a beard has been worn, true sycosis parasitica has resulted. There are usually in these cases typical patches on some part of the surface, or the disease at the outset presents the ordinary features of tinea circinata. The severity of the disease is to be ascribed to the special activity in growth and plentifulness of the fungus, which is very luxuriant, and so causes more irritation than usual. The actual patches are always circular, and their centrifugal mode of increase, if not actually "ringed" aspect, at once attracts attention and suggests theidea that the disease may be parasitic.

DIAGNOSTIC CONSIDERATIONS.

In all phases of ringworm of the head, except kerion, the presence, with or without attendant scaliness, of characteristically affected hairs, as I have pointed out in the introductory remarks, is the point to be attended to in the diagnosis of the disease. The mode in which such hairs are best examined has been given in speaking of the fungus. But I have shown in the preceding section that the degree and amount of scaliness and hair change vary very considerably in different cases, especially in very chronic cases. Still, the fact remains that even where there is only slight scaliness or pustulation, and apparently no diseased hairs detectable by the unaided eye, on careful and more minute examination evidence of their presence will be discovered. There are three main sources of mistakes in diagnosis. The first is the absence of this minute examination in non-typical, ill-developed, and convalescent instances of ringworm; the second is the belief that ring-

[34] Behandl. d. Krank. d. Mensch. (Mannheim, 1797), vi., p. 145.
[35] O. Weber, Billroth, und v. Pitha, Bd. iii., 1. Abtheilung, 2. Lieferung, p. 187.
[36] Dublin Journal, vol. xxxiii. In Macnamara.
[37] Heurze, Compend. d. Pratisch. Med., iv. Auflage, p. 94.
[38] Op. cit., s. 267.

worm is always typical in its aspect, which, of course, paves the way for the neglect of careful observation. The third is, in my opinion, a belief founded on imperfect observation, that ringworm generally leaves behind a certain amount of scurfiness after the real disease is cured. I demur to the truth of this last proposition. If microscopic examination be made in such cases of *apparent scurfiness only*, it will be found that the disease, as evidenced by the presence of diseased hairs and fungus, still exists, but not in an active state, though in certain cases where the scalp has been much inflamed and irritated, simple desquamation may have gone on for a time. Microscopic examination alone can decide this point. For all practical purposes scurfiness should be regarded as indicative of disease still present. It is a question of taking a little trouble to make a proper examination, and as any mistake on the point is liable to be followed by serious consequences, if a child be pronounced well when it is not, such trouble ought to be taken.

As regards the confusion of ringworm with eczema, it is to be remembered that eczema usually affects not only the head but adjoining parts where its true nature is recognised; that eczema, although it causes a matting together and, it may be, general thinning of the hair, is never attended by the production of such a morbid, dry, brittle state of the hairs as is found in ringworm. Where these are found, even if eczema is also present, the treatment is that of ringworm.

As regards seborrhœa, the absence in it of all traces of diseased hairs is the sure guide to a correct diagnosis where there is doubt.

There is, lastly, an exceptional state that should be mentioned as liable to be misunderstood, and that is over-treated ringworm. I have had cases of disease brought to me in which undoubted ringworm has existed, but in which the disease has been cured, and the surface kept in a state of irritation by the still further and free use of irritating parasiticides. Of course, in such instances the microscope discloses healthy hair shafts and root sheaths, an absence of fungus and diseased hairs, and the presence only of pus and epithelial débris.

(To be continued.)

ON THE

VENOUS CIRCULATION IN RELATION TO SOME OF THE DISEASES WHICH AFFECT THE LOWER LIMB.

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(Concluded from p. 42.)

DROPSY.

IN the course of the following remarks on dropsy I shall assume, first, that in both the anasarcous and saccular forms of this disorder the fluid is derived from the veno-capillary vessels of the *fibrillar connective tissue*, which with fat constitutes the chief ingredient of the subdermoid structures in one case, and, with a varying proportion of the same element, the tissue of the serous sacs in the other; and, secondly, that with identity of texture the fluid is in both the same—viz., water, holding in solution alkaline salts, and a trace or more, in different cases, of albumen. Adventitious elements are, of course, often found in this fluid, such as blood, pus, fibrinous flakes, organised matter, and other products—innocent and malign—of morbid action incidental to the tissues in which it is found, especially the serous sacs, by which it may become complex in the highest degree; but these are in no wise concerned with the pathology of simple dropsical or anasarcous effusion. They are but its contingent complications. The dropsy to which the following remarks are designed to apply is the *simple* serous effusion, and as such might be tabulated, as far as *the nature of the fluid* is concerned, as *tegumentary* when seated in the skin—the so-called œdema or anasarca; and *pericardiac*, *peritonitic*, *pleuritic*, or other, as the case may be, when collected in serous sacs.

A distinction will, however, have to be kept in mind between the forms of tegumentary dropsy just alluded to, which have a clear pathological history, and those other varieties for which it has been difficult to assign an acceptable cause—viz., the renal, anæmic, and perhaps those which belong to some of the exanthems, carbuncle and the like.

It may be true equally of every form of dropsy that it is simply the result of an excess in the rate at which the fluid which naturally lubricates the connective tissues is effused above that at which it is absorbed; but there is no doubt that, in their production severally, other factors peculiar to each are at work, to which I must for a moment call attention, in order to anticipate exceptions on this ground that may be taken to the views I am about to offer.

In renal and anæmic dropsy the blood is at fault; and although no reason has been given, as far as I am aware, why it should thus part with a portion of its serum, the inspissidity of this element, or some other abnormal quality of the blood itself, may explain it in part, or, it may be, entirely. With regard to the exanthemata, however, the case differs; for in these disorders the extent of the dropsy is usually coincident with that of the skin affection. And here, as I propose to show presently, the physiological anatomy of the capillary system comes to our aid; for it exhibits in the relations of its mucous and muscular elements to their common trunks and to each other an order of arrangement very similar to that which, as I shall show, obtains in the general venous system, in the conditional disturbance of which I venture to think the immediate *raison d'être* of dropsical effusion is to be found.

Lymph circulation, according to the best authorities, see Recklinghausen on the Lymphatic System (Stricker), appears to be as follows: The rootlets of the lymph-vessels are distributed through the tissues, and stand in connexion with the bloodvessels in such a manner that they can withdraw the serous fluid from them, and return it by their terminal trunks; the origin of the lymph-system being in direct continuity with the capillary vessels through certain intermediate or adjoining (lymphatic) spaces which are the temporary receptacles of the fluid that exudes from them. The exudation is effected by the pressure under which the blood moves in the capillary vessels; whilst its absorption by the lymphatics is due to favouring blood-pressure or tension in that part of the vein-system in which they terminate, the chief venous trunks. Hence, as an excess of blood-tension in the trunk and systemic veins would be adverse to the reabsorption of the serum, effused for normal purposes, into the veins, it accumulates in the serous spaces and becomes dropsy. Physiologically, there is little doubt that dropsy *is* due to blood-tension in these veins from physical retardation of their currents.

But there is an apparent anomaly connected with this explanation which has scarcely received notice. It is this—that dropsical effusions are limited to the connective tissues appertaining to those capillaries only of the tegumentary tissues and serous sacs which are anatomically and dynamically within the range of the obstructing agent. They do not invade adjoining muscular and their allied textures. Now in order to dropsy a tributary as well as its trunk must suffer coincident obstruction; and then it is limited to the peripheral capillary area of the tegumentary vein. Hence its seat is always in anatomical relation to that of its cause. Thus, in the lower limb, or elsewhere, it is not an uncommon thing to see œdema limited to a certain area after an attack of phlebitis; but in order to this, the *trunk*, as well as the *tributary*, vein, which receives the blood from the œdematous tissues, must be coincidently involved. Physiology gives a reason for such limited œdematous patches, to which I shall presently allude.

Lower and Hewson long ago showed that ligature of the inferior cava was followed by ascites, and that ligature of the jugular veins—not of one only—was required in order to produce anasarca in the head of a dog. Gulliver added valuable testimony in support of this view, not only by observations which he made, but by collateral and still abiding proof in some preparations which, I believe, are still to be found in the Museum of the Army Medical Department at Chatham. Moreover, whether the œdema be in the immediate vicinity of the obstructed vein,

which causes it, as in the case of a carbuncle, or remote from it, as in the case of an œdematous hand with axillary cancer, or leg with mitral disease, the two are physiologically and anatomically separated by the distance that intervenes between the vein, or portion of the vein system, in which the exciting cause exists, and its peripheral capillary area. This is undoubtedly a commonplace observation, but in obscure cases it may help us, for it is well to remember that the seat of œdema in its earlier stages is no indication of that of its cause; for although exudation must necessarily take place into every lymphatic space that lies within the range alluded to, it simply sinks to the lowest level by the force of gravitation, and gradually floods a limb, according to the seat and persistence of the obstructing cause. *Locality* is a matter of *gravitation*; *extent*, a question of *amount*. The same rule applies to saccular dropsy; and its application enables us to determine the exact seat of the obstruction to which the filling of any such sac is respectively due.

But why is venous obstruction followed by any such abnormal results at all? In the cases of the arteries, the compensatory arrangements of their branches are such as, under the like circumstances, to maintain the circulation in a state of complete efficiency. This is not so, however, with the veins. The compensatory provisions in these are not so perfect as in the arteries. Take the case of a ligature on the femoral vein on the cardiac side of the saphenous junction. In such a case the limb would become œdematous, but its vitality would not thereby be destroyed. This might, however, follow slight additional interference with the vein currents. In fact, there is a remarkable limitation of anastomotic agency for compensatory purposes on the part of these vessels. Thus the anastomosis between the femoral tributaries and those of the gluteal, ischiatic, epigastric, and other veins, is insufficient to compensate for the loss of the transmitting powers of the femoral in the case under consideration; and, as is well known, the familiar large and bloated veins which course over the abdominal walls in cases of ascites, although they may serve to maintain the circulation, cannot release the peritoneum from the effects of the portal obstruction. In cases of "white leg," too, I think I have had sufficient pathological proof wherewith to endorse the fact that the œdema does not disappear until the femoral current is re-established through the removal or tunneling of the clot.

This fact has its explanation in valvular agency, to which I have heretofore alluded, especially the wonderful combination of distributive and converging power which it exercises over the currents through the veins, by which each, in a state of health, has its own particular and more or less direct course awarded to it. Indeed, from the capillary rills to the systemic veins in which they issue, these streams are kept in enforced independency of each other, almost to isolation, subject only to the disturbing effects of the constantly varying degrees of blood-tension to which they are prone.

But to return. Admitting, in accordance with the foregoing observations, that dropsy is, in the first place, due to retardation of the blood in a systemic or trunk vein, and, in the second, to the special want of natural provision for compensation by the establishment of collateral channels, the difficulty presents itself: Why are the tegumentary tissues, and, in like manner, the serous sacs, exclusively the seat of the effusion? Why does it not invade the *muscular* or *motor* structures that are in juxtaposition with them, seeing that a certain capillary area appertaining to the latter is always included with a corresponding area belonging to the former, within the range of the disturbing influence? Can an explanation of this seeming paradox be given; and, if so, can it be made to apply to both forms of dropsy, the saccular as well as the tegumentary? The points of resemblance that have been suggested as existing between the tegumentary tissues and the pericardium seem to justify the expectation that others bearing on this point might, on inquiry, be found to exist.

I have repeatedly examined œdematous limbs in every degree of distension, and have failed to find an exception to the foregoing statement; and Dr. Peacock has informed me, with regard to the heart, that he has seen the pericardium in every phase of serous distension, but he has not in any case, to his recollection, seen the muscular texture of the heart in like manner and coincidently infiltrated. Recently I amputated a limb in which the tegumentary tissues were severely œdematous; but, as I pointed out at the time, there was not the slightest infiltration of the subfascial textures. I will not undertake to say that such a complication is a pathological myth; but I do say that it is very unusual—almost so as to claim to be a rule of that class of which it is said, for the sake of cautious reservation, that there is "none without exceptions."

Some few years ago, for other than the objects of the present paper, I made this experiment upon the vein circulation in the hind limbs of a dog.

The whole of the thigh was encircled by ligatures, so as completely to prevent the return of any blood from the distal portion of the limb, excluding the femoral artery. The blood was allowed to pour into the limb until the flow ceased from repletion. A ligature was then put on the femoral, and the animal destroyed. Amongst the results was strikingly this—viz., that the *tissues* of the skin were œdematous in the highest degree, but the œdema had not extended to the muscular or motor structures, or to other textures below the deep fascia. Indeed there was scarcely a sign of congestion, whilst in the former it was carried to its extreme of intensification.

In order, as far as possible, without the help of an almost impossible experiment, to ascertain how far, upon anatomical grounds, an inference might be drawn in favour of a like relation between the veins of the muscular heart and its serous sac, Mr. Pearson, at my request, injected both separately, and in alternate sequences as to order. Indeed, there was scarcely a sign of congestion in their textures, whilst in the former it was carried to its extreme intensification. Fluid forced backwards through the coronary trunks filled the muscular structure throughout, even to the columnæ carneæ, by tributary veins reaching to the capillary system, and having some an arborescent, some a radiating, and others a parallel direction; but it did not fill a single vein either of the endo- or peri-cardium. On the other hand, fluid forced into the pericardiac trunks filled veins, even, in a case in which adhesions had formed, to the veins of the adhesive tissue, but did not enter into any branch of the coronary veins. The results appeared to show conclusively that the venous system in the heart is arranged on the same plan as that in the lower limb, but that it culminates in the direction—viz., from a state of free anastomosis between the sub- and super-fascial—the correlatives of the pericardiac and cardiac veins of the heart—in the foot, gradually upwards, through that of almost independency of each other in the thigh, of complete isolation in the heart.

Thus, with identity of textural elements, though varying in the relative proportions of each, there is also a striking degree of similarity in the plan on which the two vein systems in these apparently incongruous parts are respectively arranged.

But this vein arrangement, existing more or less throughout the body, suggests a subdivision of veins into those which belong to the *motor* system, and, by inclusion, the *organic*, and those which belong to the *tegumentary sub-dermoid*; and, following this subdivision, there will appear to be other points of analogy between them which can materially assist in throwing light upon the paradox alluded to. Thus, from the comparative proximity of the motor structures to the trunk vessels, it follows that a complete act of circulation through their textures is accomplished in a shorter period than that through the more distal tegumentary. And not only so, but the currents through the former (the motor) textures derive greater impulse from the action of the heart, as well as a larger supply of nutritive or oxidised blood Hence the tension of the blood in the motor veins has ever a tendency, as the radius of the circle it makes in the course of its circulation is less, to excess, and in all probability normally so. Further proof of this view is adduced from the fact that in the dead body blood injected into the femoral artery returns in the femoral vein before it appears in the capillaries of the skin; and that to fill these more forcible and frequently repeated strokes of the piston are required. The more highly carbonised and feebly flowing blood of the tegumentary system might probably afford some explantion of the excess in the deposit of the hydrocarbons amongst its textures—a reason which is supported by the anatomical correlative fact that the *dermis* pure

has the advantage of returning its blood directly into the muscular or trunk system of veins, and only collaterally into the saphenous.

Again, the outflow of the blood from the two series of veins is, as I have said, more advantageous to that of the motor veins. The points of confluence of the tegumentary with the systemic are by far more indirect courses, and in many instances at more acute angles than are those of the motor. Thus the coronary veins of the heart fall into the auricle; the pericardiac into the azygos. The internal jugular passes into the subclavian at a very easy angle, whilst the external passes through a powerful muscle and enters the same vein below it and at an acute angle. The large muscular veins of the arm go directly to the main stream, the cephalic and basilic veins to the axillary and subclavian; the azygos veins pass into the vena cava; the tegumentary into the vertebral, intercostal, lumbar, and sacral, and therefore, by indirect courses, into the systemic veins. Hence, also, why the motor veins are highly valved. The tegumentary veins have valves, but only to insure co-operation with those of the deep trunk veins, and to assist them in their functions; whilst in the veins of the organic system valves are for the most part wanting. The veins of the spinal cord go to the innominate, or to the vertebral, close to its junction with the innominate, and have valve cusps, like the tributaries of the external jugular, close to their termination, which is not the case with the terminal veins of their tegumentary allies. I might continue the illustration by reference to vein anatomy throughout the body. The main points are these: the veins of the motor and organic systems have short courses and direct access in their outflow to the deep trunk or systemic veins; their streams derive an exceptional amount of propulsive power from the heart, and, consequently, a tendency to increased blood-tension; whilst those of the tegumentary system have longer courses, indirect access for their streams to the trunks, and less blood-tention; hence, in case of any impediment to the passage of the blood through the main systemic veins, the streams in the organic and muscular vessels would have a pre-eminence in point of admission to the general circulation, whilst those of the tegumentary system would be exposed to proportionately exceptional difficulties.

From the foregoing facts and arguments, I think I may venture to claim some attention for the views which it is the object of this paper to set forth and elucidate—namely, (1) that the anatomy of the vein system, as well as a comparison of the histology of the subdermoid tegumentary connective tissue and the serous sac belonging to the heart, and inferentially to other serous sacs, indicate that they are analogous structures; (2) that if so, pericardial dropsy and anasarca or œdema are intrinsically analogous affections and due to the like direct causes; and (3) that the indirect cause lies in the physiological relation of the subdermoid to that of the muscular and organic vein circulation, in consequence of which retardation acting equally and coincidently on both would expose the former to different results—dropsy in the one, and, under certain conditions, parenchymatous congestion or inflammation in the other.[1]

The practical bearing of these conclusions has to do with exalted blood-tension in the systemic or deep trunk veins; and, in the former especially, with the question of relief by diet, by medicines calculated to lessen the volume of vein-blood, but especially by bloodletting. This practice has undergone an entire change within the last quarter of a century or more, from a conventional habit, according to which persons judged for themselves, and were "blooded" on any embarrassment to the breathing, and with, as I distinctly remember, very marked benefit. Might it not be judiciously restored, and, under proper advice, become a source of like relief in cases of systemic blood-tension, indicated by dropsies and congestions of important organs, in our day? It is not for *me* to enlarge on this subject.

In the foregoing papers I have tried to indicate, by very feeble but sincere efforts, a mode by which, in my opinion, the study of the venous system might be renewed with a fair prospect of enlarging our knowledge of many subjects connected with our science that are at present avowedly but little understood, and of no department, perhaps, of that system with better earnest of success than its veno-capillary.

Finsbury-place South.

[1] The analogies here referred to suggested to my mind the possibility of their being made to widen into a still more comprehensive and general idea—namely, that of a structural analogue between the heart and the limb. The only support I could find for such a Dædalean venture is from the works of Oken. In his curious work "Physico-Philosophy," he says' "The blood in the human heart is the analogue of the bone in the limb' since the muscles act upon it. If we take for the bone in the limb the os cordis found in the hearts of some vertebrates, and occasionally in man, and the great tendency to morbid deposits of bone, and earthy products in connexion with the endocardium, and the middle arterial coats, we may manufacture a *quasi*, if not a real, homology (structural) as follows:—

Heart.	*Limb.*
1. Fibrous envelope.	1. Dermis.
2. Pericardium.	2. Subcutaneous connective tissue and fascia.
3. Fat.	3. Fat.
4. Muscle.	4. Muscle.
5. Bone.	5. Bone."

CASES OF "SUDDEN DEATH" AMONGST YOUNG CHILDREN.

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THE cases recorded below are striking examples of what "sudden death" often means in quite young children. True sudden death is really rare amongst them, though the reports from coroner's courts seem to testify to the contrary. The cases also prove the uncertainty of the statements of friends, and the necessity of scientific investigation where there is the least doubt. In these cases it is clear that had such investigation been declined verdicts at utter variance with the truth must have been recorded.

CASE 1.—A male child, aged eleven days, brought in dead. Autopsy seventy-two hours after death in moderately warm weather. The body was that of a well-formed child; external evidences of putrefaction not marked; post-mortem lividity in dependent parts; no discolouration of integuments of abdomen or thorax; on left cheek a bright-pink diffused flush, exactly like the hectic in phthisis, or the erythema of a superficial burn, and which gave place to deep lividity during the examination of the body; no excoriation, and no signs of violence in shape of bruises, wounds, or fractures. The brain was reduced to a softened pulpy mass, and it was difficult to examine it even *in situ*. No pathological change could be detected either in it or its membranes. Be it observed here, that though putrefaction was so far advanced within the skull, evidences of it were elsewhere slight, the lungs being especially fresh. There was neither collapse, nor congestion of lungs, nor deformity of heart. The tongue was coated with a white fur, easily removed and catarrhal in nature. There was no hyperæmia of mouth or fauces. In the stomach was found about an ounce of meconium-like matter, afterwards discovered to consist in part of disintegrated blood. A limited fine capillary injection of the gastric mucous membrane near the pylorus, not hypostatic, and unaccompanied by post-mortem staining, but mixed up with punctated extravasations into the mucous membrane, to which the capillary injection was distinctly confined, was very remarkable. In the small intestine nothing was found; in the large the mucous membranes were more or less injected and punctated by extravasations, some of the latter being as large as a split-pea. In the cæcum these appearances were particularly decided. The contents of the large bowel were normally fæcal, and liver, kidneys, and spleen healthy.

An irritant was suspected, but no one in particular, and rough analysis of the contents of the stomach revealed nothing. The friends refused a history, maintaining that the child had died suddenly. But the evidence given at the inquest by Dr. Cantlie (the then resident medical officer in Charing-cross Hospital) led to an adjournment of the inquest, and to the acquirement of facts justifying the opinion formed on post-mortem examination, and throwing additional light on the cause of death. It was ascertained that to the child (aged eleven days) had been given a "cordial," which, after much care, Dr. Cantlie discovered to consist mainly of gin and aniseed. This had been administered, in what quantity could not, of course, be determined, with the intention, it was said, of "clearing away wind." It was proved during the adjourned inquiry that

convulsions had followed the use of the "remedy," an occurrence hardly to be wondered at in so young a subject. A verdict in accordance with the scientific evidence was given; and it would seem, indeed, that the ignorance of those in charge of the child caused its untimely end. Three children had previously died in the same family shortly after birth at the full period. It is superfluous to dwell on the teachings of such a case. The coroner very properly ordered a scientific examination with satisfactory results, which could not otherwise have been obtained. It is unfortunately the case, probably, that deaths amongst children from precisely similar causes are by no means uncommon, and yet, in the vast majority, verdicts are returned of "death from natural causes," or the like, because, in the same majority, neither medical evidence nor post-mortem examination is considered necessary. Thus inquests may be reduced to mere slurring inquiries, whose consequences are more prolific of evil than of good, either because they do not "improve away" the ignorance of some of the poorer classes as to the danger attending the use of certain popular remedies, or because they encourage unscrupulous persons in the use of these by leading them to fear no chances of detection and punishment. Happily the former is the source of the greater mischief, but it is clear that the latter must at times exist.

CASE 2 was that of a male child, aged seven months, who was brought in dead. I would say at once, in regard to this case, that post-mortem examination beyond all doubt revealed the cause of death, and that the scientific evidence given accordingly was in direct opposition to the testimony of those who had the care of the child. The body was much emaciated, as if from chronic disease. There were no external signs of violence. Here, again, putrefaction had scarcely commenced externally, but the brain was removed with the utmost difficulty. It broke down on the least handling, and was in a state of semi-pulp. It may be remarked, further, that the other viscera, as in the last case, betrayed only partial signs of putrefactive change. Nothing pathological could be discovered in the brain, but it was easy to find enough elsewhere to account for death. There were the signs of a decided catarrhal ulceration of the large intestines throughout their length, but most marked in the upper parts. The ulcers had the usual catarrhal characters, and evidences of typhoid, which were carefully looked for, could not be found in the small intestine. There was no enlargement of glands.

Of course it was impossible to determine, apart from evidence of those who had been in charge of the child, how the intestinal condition had been brought about; but it was clear, no matter what might be the statements of such friends, that diarrhœa had existed for a longer or shorter period, that it been during some time either constant or intermittent, because throughout the length of the large bowel were found diarrhœal excreta exactly similar to those discharged in most cases of intestinal catarrh of young children, and a condition of the mucous membrane almost always attended either with continuous or occasional diarrhœal discharges. It was alleged in the case of this child, notwithstanding the extreme emaciation, that it had been perfectly well up to the day of death, that there had been nothing indicating the necessity of medical advice, and that the child, in short, died "suddenly." Further particular comment is superfluous.

The autopsy, however, was interesting in other respects, for there existed a complete transposition of all the abdominal and thoracic viscera, and the wasting which had followed the probable diarrhœa, or at any rate the catarrhal ulceration of the large bowel, had left the abdominal and thoracic viscera as if they had been dissected out. The heart was on the right side, with its apex in the fifth right space; in short, it was transposed, so to speak, with anatomical precision. The right lung had two lobes, the left three. The thoracic duct and œsophagus were transposed, and the thoracic branches of the aorta, as were also the large veins. The recurrent laryngeals were also reversed, and the stomach, so that its volume chiefly occupied the right side, and the convexity of the duodenum was turned to the left and was lying on the left side. The liver occupied the right hypochondrium, but the large lobe was to the left; and in the case of the spleen, which lay in the left hypochondrium, a similar transposition of notch was met with. The mesenteries were generally transposed; the cæcum was found in the left iliac fossa, and the sigmoid flexure began on the right. A complete transposition occurred also in the case of the abdominal aorta, the inferior vena cava, and their tributaries or branches. It is hardly necessary to add that this unusual arrangement of vessels and viscera was quite compatible with the notion that, barring disease or accident, the child might have lived to a good old age.

CASE 3.—A child, aged two months, brought in dead; asserted to have been overlaid; previously in good health. It was found dead in bed, lying between the father and mother. Autopsy two days after death; weather warm; no marked putrefactive change externally; no signs of violence. Body was not much emaciated, and was well formed; the brain showed nothing pathological, but, as in the former cases, was completely pulpy from putrefaction, though the abdominal and thoracic viscera (*the spleen excepted*) showed only slight putrefactive changes. The heart was healthy and empty; its cavities were contracted; there was no blood in the right heart. The lungs were pale-pink in colour, and free from lobar and lobular collapse; on section unusually pale, except at right base, where there was a little congestion, more marked by contrast, and probably to a great extent, though not entirely, post mortem. Trachea and large bronchi were uniformly pale, and contained neither mucous nor frothy matters. The liver and kidneys were normal, not congested; the spleen, much larger than usual (exact weight lost), pulpy from putrefaction, which had not visibly commenced in the liver or kidneys. Stomach contained about two ounces of recently-ingested porridge; its mucous membrane was uncommonly pale. This pallor prevailed throughout the intestinal tract; the intestines were besides more or less transparent-looking. On the mucous surface of the large bowel were regularly scattered innumerable white elevated patches the size of a pin's-head, evidently the enlargement of the solitary glands; their contents could be squeezed out, and (microscopically) consisted of cell-growths; there was no redness around them—indeed, on an anæmic surface stood out numerous white elevated spots. In the small intestine Peyer's patches were similarly changed, and looked like aggregations of the solitary spots; the patches were elevated, and had well-defined borders, as occurs in typhoid, but there was no ulceration, and those patches which were high in the ileum were more decidedly elevated and more distinctly defined than those lying near the ileo-cæcal valve; in the cæcum itself there was no ulceration. The large intestines contained quantities of simple yellow liquid fæces. There was slight enlargement of the mesenteric glands.

It seemed all but impossible to set down the death to the cause alleged, and right to declare that there must have been to persons of ordinary intelligence symptoms of well-marked disease, occasionally at least, for some time before death. Judging by the post-mortem evidences alone, one probably could, with a certain amount of right, conclude that there must have been more or less subacute diarrhœa, besides some evidence of an acute disease, consequent exhaustion and death, or diarrhœa and death from (accidental) convulsions. The cause of death and of the pathological appearances was probably in this case typhoid fever. It is not necessary to dwell in particular on the post-mortem signs, but the condition of the spleen is especially worthy of notice. It was large and completely palpified—a condition met with, particularly in typhoid, where death has been preceded by high temperature. Sometimes in this disease the spleen is found as a scarcely recognisable pulpy mass, though the liver, kidneys, and other organs are firm and permit of easy examination. If death were due to typhoid, symptoms, though possibly vague, must have existed, and the child's death could not have been truly sudden; yet we should remember that typhoid is frequently "masked" in adults, and that in children the indications of its existence may be so slight as to suggest to the ignorant nothing more than harmless disturbance of the stomach and intestines. A nicer question arises. Suppose a child, wasted and anæmic as a result of disease, be overlaid, might none of the usual signs of such an accident be found post mortem? That the signs would be less marked than usual is likely enough, but it is hard to believe that they could be wanting to the extent met with in this alleged case of overlying. The three cases show that there is amongst the lower classes a

practice of giving to children indiscriminately alcohol in undiluted doses, and without medical advice, that "overlying" is often simply a fiction, and that frequently there are evidences of disease before the occurrence of so-called sudden death. Thus the cases raise questions of vital importance, and they are reported, not because of any peculiarity, but because cases similar to them occur frequently in which no inquiries are held at all, and the public good is on that account endangered.

CASE 4.—A female child, aged four months, was brought dead into Charing-cross Hospital in November, 1876. The body was well-nourished and external examination contra-indicated chronic disease. The friends had urged that the child, while in apparently good health, must have been seized with convulsions during the night, and died therefrom, as it was found dead in bed. The body, three days after death, was limp, and showed few signs of post-mortem lividity. On the left side of the face, the body having been for some time on the back, was an imperfect lividity, difficult to decide whether post-mortem, or due to bruising, because Mr. Potts, the resident medical officer, declared that this one-sided discolouration was far more decided when the body was brought to the hospital. At the time of admission there was a diffuse discolouration of the left cheek, which had become less distinct while the child was lying on the back. Sections through the skin at the post-mortem showed that the discolouration left was due, in part, to *slight* extravasations of blood into the cutis vera, and that the appearances observed by Mr. Potts at the time of admission were probably due to the combined effects of bruising during life and of post-mortem hypostasis. The lungs and heart were removed *en masse*, and a large quantity of dark liquid blood escaped from the right auricle and from the venæ cavæ. The lungs were generally congested; their surfaces for the most part blackish, but free from vesicular ruptures or dilatations; but here and there were pink-coloured patches resembling the general appearances of the lung-surfaces in young children. Pulmonary congestion was most decided in the lower lobes; frothy serum exuded from their cut surfaces, and even from those through the apices. In the heart no clots were found; the left ventricle was firmly contracted, and the heart's apex bent on itself backwards. In the trachea and bronchi was a diffused but patchy pink-reddening of the mucous membranes, not extending to the tissues beneath. This was very marked in all parts above the bronchial bifurcation, and the pinkness of the large patches contrasted very strongly with the adjacent snowy whiteness of the mucous surfaces. The liver was but little congested; the kidneys as little. The stomach was empty, and its mucous membrane white. The brain was reduced to a pulpy condition; but, examined *in situ*, it was found highly hyperæmic, especially its membranes over the convexity, and on section there was a great increase in the number of blood-spots.

It was concluded that the child had been overlaid for these reasons: the appearances of bruising, such as might arise in the accident of overlying, on one half of the face; the almost general congestion and œdema of the lungs; the pink patchy discolouration of the mucous membranes of the trachea and bronchi; the excess of dark blood in the right auricle and venæ cavæ; the empty state of the left side of the heart; the hyperæmia of the brain and its membranes; and the absence of any other cause of death in a child free from disease and exceedingly well nourished.

AFTER-HISTORY OF A CASE OF OVARIOTOMY.

BY LAWSON TAIT, F.R.C.S.

IN THE LANCET of Oct. 25th, 1875, I published a brief note of a case of ovariotomy in a young girl in which the operation was made to cure a complete protrusion of the uterus. The operation was performed on August 18th, 1875, and after her recovery from it, until about May last, she remained in perfect health. She came to me then with indications of a general failure in her health, obscure pelvic pains, a slight amount of ascites, and a small fixed mass behind the uterus. For a month she took chalybeates, and returned to me much improved in her general health, but with more ascites and with the retrouterine mass increased. In the beginning of July the increase of the ascitic effusion and of the tumour was so marked that it became evident something must be done. The age of the patient (nineteen) made me hesitate to pronounce it a case of cancer of the peritoneum, to which view I strongly inclined. The only alternative which seemed to me reasonable was that the other ovary had become cystic, was fastened in the pelvis, and was producing the ascites by pressure on veins. I deemed it therefore right to make an exploratory incision, and this I did on July 15th, assisted by Mr. Lloyd Owen and Dr. Carter. In the operation the only noteworthy point was the absolute perfection with which union had taken place between the tendinous structures divided in the previous operation—a result which is not always obtained after abdominal section.

When the peritoneum was opened, and the fluid evacuated, the lesion was found to be the papillary form of cancer of the peritoneum (described at length in my book on Diseases of Women, p. 292). Small papillary nodules were scattered over the whole surface of the parietal peritoneum within reach, and on the surface of the small intestines. The pelvis was occupied by several masses, the largest of which, about the size of an orange, seemed to embrace the rectum, and this it was which had been previously felt from the vagina. At the posterior surface of the uterus several nodules were felt, but the remaining ovary (the left one) was perfectly healthy. The right cornu of the uterus was tied up to the lower angle of the wound by a firm band about a third of an inch in diameter, representing the pedicle of the tumour removed nearly two years before. She recovered from this operation, went home, and died after great suffering on the 27th of August.

I have again examined the tumour removed from her with great care, and can discover no appearance of papillary growths about it; and, as she remained in perfect health for at least eighteen months after the operation, I can only regard the access of the papillary growth as an independent event.

Birmingham.

A Mirror OF HOSPITAL PRACTICE,

BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum allorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. *Proœmium.*

GUY'S HOSPITAL.

CASES OF MALPOSITION OF THIGH, AFTER HIP-JOINT DISEASE, TREATED BY ADAMS'S OPERATION.

(Under the care of Mr. BRYANT.)

ON Dec. 1st, 1869, Mr. William Adams practised for the first time his ingenious operation of subcutaneous section of the neck of the femur for bony anchylosis of the hip-joint with malposition of the limb. In that case the thigh-bone was flexed upon the pelvis at a right angle, and firmly anchylosed in that position. When shown at the Medical Society on April 25th, 1870, the patient could bear the weight of his body upon the leg, and walked about the room without assistance. Seven months later he could walk three or four miles with ease, and six months later still (that is, about a year and a half after the operation) he could "walk seven or eight miles with ease with the aid of one stick." Since then the operation has been repeated several times by Mr. Adams, and has been successfully performed by Mr. Jessop, of Leeds; Mr. Furneaux Jordan, of Birmingham; Mr. James Hardie, of Manchester; Mr. F. W. Jowers, of Brighton; Mr. Bryant, and others.

In Mr. Adams's first case the anchylosis had resulted from rheumatic inflammation, and later experience has

shown that the operation is less appropriate where there has been suppurative inflammation, whether strumous or pyæmic.

Mr. Bryant has performed the operation four times, and in every instance successfully. The notes of the first two cases are subjoined, and we hope to publish those of the third case next week. Unfortunately, the notes of the fourth case have been lost. The case was, however, successful, and in a boy about fifteen years of age.

CASE 1. *Old hip-joint disease; anchylosis in bad position; subcutaneous section of femur; limb anchylosed in nearly straight position.*—(The notes of this case were taken by Mr. A. W. Green). G. B. C——, a delicate-looking little boy, aged eight, was admitted into Job ward, on Nov. 12th, 1873. Five or six years before his admission he slipped down the two lowest steps of a staircase, falling with right hip-joint on a wooden floor. It was stated that the femur was dislocated. He was admitted into the hospital, but only stayed there five days, and went out with a gutta-percha splint, fixed by a bandage round his waist, and reaching down to the right ankle. Four months before admission he was kicked, whilst at school, just below the right buttock; this was followed by some ecchymosis, and after this had gone down, the swelling gradually got bigger and gave him pain whilst sitting.

When admitted his right leg was found to be much wasted, measuring from the anterior superior spine of ilium to the external malleolus twenty-one inches; the corresponding measurement of the left leg being twenty-three inches and a half. When on his back, if the legs were straightened, the abdomen bulged forwards, and the back became hollowed (lordosis). It was only by flexing the right thigh at right angles to the bed that the back became straightened, and the abdomen no longer protruded. Over the dorsal and lumbar region there was tenderness down to the coccyx. The femur and os innominatum moved to a small extent separately. The right great trochanter was more prominent, and was raised upwards of two inches, and also backwards. When walking the patient presented a curious spectacle, due to the abnormal protuberance of the nates, combined with the limp caused by the shortness of the right leg and the roll on to the left side. There was a large fluctuating abscess, situate on the posterior aspect of the femur, from the base of the buttock to the middle of the thigh.

Nov. 22nd.—The abscess seemed to have got harder and more dense. He had no pain, excepting when he walked, or when the abscess was touched.

29th.—The abscess was opened, and about two ounces of thick, cheesy pus, mixed with a watery fluid, escaped. Some oiled lint was put into the opening. The abscess had apparently no connexion with the hip-joint.

Jan. 6th, 1874.—The patient had shown but little improvement; he had suffered from headache occasionally, but had little or no pain. Mr. Bryant decided upon performing Mr. Adams's operation. A narrow-bladed knife was passed in the neighbourhood of the neck above the great trochanter down to the neck of the bone, making a pretty free tract for the saw. A narrow saw was then passed in, and part of the bone sawn through; but as this was not quite sufficient, the operation was completed by a long narrow-bladed saw. The last piece gave way with a snap, and a good deal of force had to be applied to get the limb straight.

7th.—Pulse 120; temperature 100°.

13th.—The leg was straight; he had a straight side splint on from ankle to axilla. The wound had quite healed three days after the operation, without suppuration.

Feb. 5th.—The splint was taken off, and a gum-and-chalk bandage applied.

He got up on the following day, but, as it was thought there could not be permanent union, he was ordered to remain in bed. He did so, but on the 26th he was able to walk up and down the wards, without feeling the slightest pain.

March 3rd.—He walked about without the help of his crutches, and did not feel the least pain.

He was discharged, the thigh being at an angle with the pelvis of 140 degrees when his back was straight on the bed. There was slight movement of the femur independently of ilium. The right leg measured twenty-one inches and three-quarters, the left twenty-three inches and a quarter. In two months, however, the bones had completely united, and the boy had an excellent limb.

CASE 2.—*Anchylosis of the hip joint at a right angle to the pelvis after hip disease. Subcutaneous division of the neck of the thigh bone; recovery without suppuration in the wound, and with a straight limb.*—(The following notes were taken by Mr. W. D. Stamp.) Thomas L——, a healthy-looking boy, aged fifteen, was admitted on March 3rd, 1874, having been sent in by Mr. Cook. He had five brothers and sisters, all of whom were healthy. His right thigh was bent at right angles to the pelvis, and the head of the femur appeared to be completely anchylosed to the bone. From the history of the case it seemed that when he was five years old he had disease of the right hip-joint, as the result of an injury. At that time he was confined to his bed for three months, after which he got about upon a crutch. He continued to do this for six years, when an abscess formed and broke on the outer side of his thigh. This discharged for months, and then healed, the thigh gradually contracting in the meantime. For four years he had been about upon his crutch, with his thigh in the position it was found in on admission.

When admitted the right lower extremity was wasted and drawn up to a right angle with the pelvis. The head of the femur was perfectly fixed to the pelvis and was displaced backwards upon the dorsum. The left lower extremity was sound. There was extreme lividness of the skin, but this was readily made to disappear by placing the boy on his back in bed and raising the affected limb to a vertical position.

Mr. Bryant looked upon the case as a good one for Adams's operation, which was performed on March 10th, when the boy was fully under the influence of chloroform. A narrow knife was first introduced above the tip of the trochanter, at an angle of 45° to the long axis of the bone, down to the neck of the bone, and the soft parts freely divided. Upon the withdrawal of the knife Adams's saw was inserted down to the bone, and the femur divided, this latter proceeding lasting three minutes. The femur was then brought as straight as possible, but, in order to do this, the rectus had to be divided close to the anterior inferior spine. The adductor longus was also divided. The wounds were covered by a pad of lint and strapped. The leg was put on a long side splint and bandaged to above the knee. Temperature 99°.

He had a fair night after the operation, but complained of throbbing pain in the knee, and this continued for some days. He had no pain elsewhere until the 24th. The day before this, extension had been applied to the leg by means of a weight, and was followed by darting pains about the hip and down the thigh to knee.

April 6th.—The weight was still applied. All pain had ceased. Temperature continued about 99.

13th.—An examination of the leg showed the femur was not firmly united to the upper fragment. The splint was put on again; there was no pain at all. The wound made in the operation had united without a drop of pus.

29th.—A starch bandage was put on, half spica.

May 1st.—The patient walked about with crutches, and could bear the weight of his body on the right leg.

30th.—He progressed very favourably, gaining strength rapidly, and left the hospital on June 11th, 1874. The right leg measured from anterior superior spinous process to middle of patella 13¼ inches, the left 15¼ in.; from the middle of right knee, outer side, to the tip of exterior malleolus it measured 12¾ in., the left 15¾ in.

MIDDLESEX HOSPITAL.

ACUTE PLEURISY; COPIOUS EFFUSION; PARACENTESIS; RAPID RECOVERY.

(Under the care of Dr. G. EVANS.)

THE early removal of the serum from the pleural cavity, in the following case, was attended with instant abatement of the distressing symptoms and speedy recovery.

Alfred T——, aged thirty-six, labourer, was admitted into Middlesex Hospital on Oct. 11th, 1877. He had previously always had good health. The present illness began

with pain in the left side after getting wet on Sept. 21st, and with shivering. He saw Dr. Evans at Victoria-park Hospital on Oct. 3rd, when his left chest was found to contain a small quantity of fluid. On Oct. 10th he was again seen and examined, and the left chest then contained a considerable amount of fluid. His distress was great, partly because he had had to walk some distance in the morning, and he was directed to present himself at Middlesex Hospital on the following day.

His condition on the 12th at 1 P.M. was as follows:—Pulse 102; respiration 24; temperature 100·7°. Left chest dull over whole front, absolutely from third rib downwards, and in axilla. Heart's impulse felt feebly, but certainly, just to right of sternum. Left back absolutely dull below spine of scapula, fairly resonant in supra-scapular space; vocal fremitus perceptible almost to base, but very feeble below angle of scapula; intercostal spaces almost effaced on left side. Paracentesis thoracis performed by syphon action. Seventy ounces of clear serum were removed. There was no coughing during removal.—Evening: Temperature 99·2°; pulse 72; breathing much relieved; slight pain in left side.

Oct 13th.—Temperature 98·2°; pulse 76; respiration 24. Slept very well; no pain; appetite better. Left front very fairly resonant, with good respiratory sounds. Heart's impulse felt rather too low, but very near normal situation. The upper two-thirds of the left back are fairly resonant, with good vocal fremitus and fair respiratory sounds. Percussion prevented by plaster, &c., over lower third, but here vocal fremitus is fairly good.

His condition continued rapidly to improve. On Oct. 25th the left chest seemed in its normal condition, with the exception that there was some deficient resonance and rather distant respiration at the left base. He had regained health, strength (to a fair extent), and spirits. He was discharged convalescent on Oct. 26th.

Remarks by Dr. EVANS.—This case is interesting in one or two respects. In the first place, it was considered necessary to tap the chest at once, seeing the rapidity with which the fluid had accumulated in his chest and the distress he was suffering; and, secondly, the fact that there was no cough excited by the operation seemed to show that the lung had not been deprived of air sufficiently long to render it liable to be irritated by the re-entering of the unaccustomed air.

ST. MARY'S HOSPITAL, MANCHESTER.

TWO CASES OF ABSCESS IN BOTH OVARIES.

(Under the care of Mr. CULLINGWORTH.)

CASE 2. *Abscess in both ovaries; strumous history; absence of menstruation for twenty-seven months; peritonitis; death; autopsy.*—S. A. W——, aged twenty-six, a pale, thin, unhealthy-looking young woman, unmarried, and very poorly clad, was admitted on June 30th, 1876. Her mother said that for many years she had been in almost constant attendance at some one of the hospitals of the district as an out-patient, and that she had invariably been ordered cod-liver oil and good nourishment. She menstruated twice at the age of fourteen, and then not again until she was sixteen; after which the catamenia appeared quite regularly up to May, 1875, when they entirely ceased. A few months later she noticed a swelling at the lower part of the abdomen; and in the last week of December, 1875, believing herself to be pregnant, she sought admission into the lying-in ward of the Union Hospital for the purpose of being confined. The consulting surgeon examined her, and told her she was not pregnant; she consequently left the hospital, after having been there about a month.

On admission to St. Mary's Hospital, in June, 1876, she complained of almost constant pain in the left iliac region, where there was a distinct hard swelling, tender on pressure, extending upwards from within half an inch of Poupart's ligament to a line drawn horizontally on a level with the anterior superior spinous process of the ilium, and reaching inwards nearly as far as the median line. Over this area the percussion note was dull, the dulness being most decided in the central portion, where the swelling was most prominent. Nothing unusual was discovered in the right iliac region or in any other portion of the abdomen. On examination per vaginam, the uterus was found of natural size, central in position, but quite fixed; cervix small and healthy. The peri-uterine tissues felt swollen and indurated on both sides, and the canal of the vagina was distinctly encroached upon. The whole of the upper part of the vagina was exquisitely tender, the slightest touch causing great suffering. After prolonged rest in the hospital this tenderness became less, and the external swelling altered to some extent; the marginal portions became softer and less tender, while the rounded central portion became harder and more distinctly circumscribed. It now appeared about the size of a hen's egg, smooth, hard, and inelastic. An exploratory puncture was made, without result. In the meantime the general health did not improve. The girl's appetite was extremely capricious, and the emaciation increased. She left the hospital on March 31st, 1877, after a residence of nine months.

Readmission.—On May 14th, 1877, she again applied to be admitted. She looked extremely thin and ill. The skin felt harsh, dry, and pungent. There was slight œdema of the lower half of the trunk, and the thighs, legs, and feet were much swollen. The abdomen was uniformly enlarged, the flanks sharing in the general distension. The parietes were rigid and universally tender on firm pressure. There was resonance or percussion everywhere except in the left iliac region, where the swelling previously described could still be felt, though not with quite the same distinctness, owing to the general distension. One large and several smaller glands could be felt lying parallel with Poupart's ligament in the left groin; in the right groin several glands, similarly enlarged, had become matted together. The bowels were constipated; tongue dry, red, and glazed. Urine pale, moderately albuminous, of specific gravity 1003; no casts could be detected under the microscope; the quantity passed in the twenty-four hours varied from thirty to sixty ounces. The temperature taken night and morning in the rectum for several successive days was as follows:—

	Morning.	Evening.		Morning.	Evening.
May 16	101·0°	100·0°	May 19	101·0°	103·8°
„ 17	100·0	101·0	„ 20	100·6	101·8
„ 18	100·0	101·0	„ 21	100·2	

June 2nd.—Emaciation increasing. Pain only felt occasionally, then always in left groin. There was evidence of the presence of a small quantity of fluid in the peritoneal cavity.

The patient died August 3rd, 1877.

Autopsy (by Mr. Folkes, senior resident assistant).—Body extremely emaciated. Peritoneum much thickened throughout, intestines united by strong bands of adhesion to one another and to the neighbouring tissues; small quantity of peritoneal effusion. All the pelvic viscera were firmly matted together by old adhesions. The uterus and its appendages were removed and set aside for special examination. Heart and great vessels healthy. Lungs congested at both bases. Several little masses of cheesy material, rather smaller than a pea, were found in the lungs near their posterior border, and similar cheesy nodules in the kidneys and spleen. The uterus was of normal size and position, though perfectly fixed by old peritonitic adhesions to the neighbouring tissues. The body of the uterus was empty; the neck contained a little thick mucus. The right ovary measured four and three-quarter inches in its longer circumference, and three and a quarter inches in its shorter. It had become flexed backwards upon itself, so as to lie for the greater part of its extent behind the uterus, to the posterior surface of which organ it had become intimately adherent. A short broad band of adhesion connected it also to the inner and posterior border of the left ovary, the portion of the wall of the left ovary to which the band was attached being drawn downwards and backwards behind the uterus, so as nearly to touch the extremity of the displaced right ovary. On section it was found to be a mere shell filled with offensive purulent fluid. The left ovary measured in its long circumference seven and a quarter inches, and in its shorter five inches, forming a smooth oblong tumour, which, in contrast with the right ovary, had been easily perceptible through the abdominal wall during life. Its inner extremity was in close proximity to the left cornu of the uterus. On section it was found to consist of a firm wall, varying from one-sixteenth to a quarter inch in thickness, the inner surface of which was

traversed by a number of coarse irregular ridges and furrows. The ridges were more prominent in some places than others. From one portion of the wall there was a thick oblong flap of tissue projecting loosely into the cavity; its attached border measured an inch and a half in length, and the depth from the attached to the free border was an inch and a quarter; both its surfaces were smooth. The cavity of the ovary was filled with a highly offensive purulent fluid.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Aneurism of Arch of Aorta opening externally.—Aneurism of the Cœliac Axis.—Abdominal Aneurism.—Aortic Aneurism rupturing into Pericardium, following cured Popliteal Aneurism.—Congenital Malformations of Intestine.—Pulmonary Tubercle in an Infant.—Blood-Cyst in Testicle.—"Diphtheria" complicating Enteric Fever.—Cancer of Rectum.

THE ordinary meeting of this Society was held on the 6th inst., Dr. Murchison, the President, occupying the chair. A large number of specimens were exhibited.

Dr. PEACOCK showed a specimen of Aneurism of the Arch of the Aorta, opening externally. The patient, a man forty-six years of age, came under notice in December, 1871, having a pulsating tumour in the front of the chest. By means of rest and diet the pulsation and the tumour considerably diminished, and the patient lived for nearly five years. Leaving St. Thomas's Hospital in May, 1874, he was treated subsequently at Victoria-park and Guy's Hospitals, and readmitted into St. Thomas's under Dr. Peacock's care in June, 1876. The tumour had greatly increased in size, the skin over it became livid and excoriated, and a small opening formed, from which blood oozed at intervals. Death took place from exhaustion (but not from hæmorrhage) on Oct. 26th, and the whole of the arch of the aorta, from its origin to the left subclavian artery, was found to be the seat of an aneurism, which had caused the absorption of the manubrium sterni, and the sternal end of the clavicle. At its most prominent part there was in the skin an orifice the size of a shilling. Dr. Peacock pointed out the rarity with which aneurisms open externally; and believed that, in this case, the opening was not due to sloughing of the skin from the pressure of the aneurism, but to ulceration commencing externally. Out of seventy-four cases of aortic aneurism recorded in the Society's Transactions, in only two had rupture taken place externally; and Dr. Crisp, in his essay, gives only two or three instances of such a termination.

Dr. PEARSON IRVINE exhibited a specimen of Aneurism of the Cœliac Axis from a male patient who was admitted into Charing-cross Hospital in December, 1870, complaining of pain in the knee-joint. There was some swelling and patchy redness around the joint. The patient had always had good health; never contracted syphilis, but nineteen years before had gonorrhœa. On admission there was some pyrexia, temperature ranging between 101° and 102°; there was no suspicion of pyæmia, and the case was thought to be one of cellulitis. At the end of a month the patient began to complain of pain in the abdomen and chest; the temperature remained nearly always above 102°, and then there was evidence of a low form of pneumonia and pulmonary abscesses. No pulsation could be detected in the abdomen, and the day before his death a movable body could be felt in the right hypochondriac and lumbar regions. It was thought to be connected with the right kidney. On examination, much fat was found beneath the skin and serous membranes. An aneurism of the cœliac axis, the size of an orange, was found; its walls were extremely fragile, in fact, purely fibrinous. It was surrounded by diffuse suppuration, which extended from the left kidney to the right of the spine. The pelvis of the kidney contained several phosphatic concretions. The right renal vein was compressed and the inferior cava much narrowed by the aneurism and fatty tissue. There were pyæmic abscesses in the lungs, and inflammatory changes around the knee-joint. Dr. Irvine supposed the course of events to have been concretions in the left kidney, followed by renal abscess and ulceration of the cœliac axis, leading to the formation of a false aneurism of that vessel. The right kidney was hypertrophied and natural, and it was interesting to note that no pus or albumen appeared in the urine until seven or eight days before death. It seemed likely that the albuminuria was due to compression of the vein.

Dr. IRVINE also showed a specimen of Aneurism of the Abdominal Aorta. The patient, forty-two years of age, had served in the army for twenty years. He came to the hospital suffering, as he thought, from lead-poisoning; but there was a pulsating tumour in the abdomen, and a murmur in the epigastrium. Albuminuria was present from the first; and one of the chief symptoms was headache—so intense as to suggest the presence of cerebral tumour and meningitis. The headache was relieved by large doses of iodide of potassium. Death took place suddenly two months after admission. In this case also there was a great development of fat in the body. There was found an aneurism of the aorta extending beneath the left lobe of the liver into the left hypochondrium, and as low as the ilium. The aneurism had ruptured and become diffuse, the left kidney being imbedded in the clot, and the vena cava also was much compressed. The brain and membranes were healthy, so that the headache was probably of renal origin; and the albuminuria was probably due to the interference with the circulation of the kidney.

The PRESIDENT pointed out that the absence of lumbar pain in both the cases was a point of clinical interest. He inquired whether any murmur was heard over the tumour found in the first case.—Dr. IRVINE said the tumour, which proved to be a blood-clot, gave no murmur, and did not pulsate. In reply to Dr. Robinson, he said the patient had served in India; and to Dr. Dowse, that there was no evidence of dilatation of the heart, either clinical or post-mortem, in the first case.

Mr. WAGSTAFFE exhibited a specimen of an Aortic Aneurism bursting into the Pericardium, following a cured popliteal aneurism. The case had been treated twelve months ago by the application of Esmarch's bandage to the leg for one hour and the tourniquet for five hours, the result being that the popliteal aneurism was cured, and the patient left the hospital in two weeks. Five months later he fell down dead in the street. The pericardial cavity was found to be full of recent blood-clot, the source of the hæmorrhage being a small aneurism at the root of the aorta, opposite to the junction of the anterior and right semilunar valves. The sac was the size of a thimble, and the opening into the pericardium not larger than a pin-hole. The first part of the arch of the aorta was extensively atheromatous. Mr. Wagstaffe believed this to be the first specimen of a popliteal aneurism after treatment in the manner described. It would be seen that the clot contained within it was uniform throughout, only the most central part being slightly detached from the rest. Regarding the aortic aneurism there were but few cases of intra-pericardial rupture in the Society's Transactions, but in the New York Pathological Transactions as many as twenty-six cases are collected. The small size of the aneurism and its position at the root of the aorta were characteristic. In many of these cases the seat of rupture was very small, and in nearly all death was remarkably sudden. Mr. Wagstaffe suggested that this portion of the aorta being less extensible than other parts favoured the development of atheroma and the occurrence of rupture.

Dr. F. TAYLOR said that intra-pericardial rupture of an aneurism did not always lead to sudden death. He recalled two cases in which several hours elapsed between the collapse indicative of rupture and the fatal issue.—Dr. CRISP thought that rupture into the pericardium was a not unfrequent termination of thoracic aneurism. Had the application of Esmarch's bandage any injurious effect in determining the dilatation of the aorta?—Mr. BUTLIN asked whether the clot in the popliteal aneurism had been examined microscopically, for, as a rule, such thick clots do not wholly organise, but are liable to soften and even to produce inflammatory changes.—Dr. GOODHART pointed out

that the occurrence or not of sudden death depended upon the amount of inflammation set up by the aneurism; when pericarditis had been established, there was less risk of sudden death.—Dr. IRVINE said that last session he showed two cases of intra pericardial rupture of aneurisms; in one by linear slits one inch in length, and in the other the aneurism was no larger than a pea. Both patients lived for a few hours after the attack.—Mr. WAGSTAFFE was not aware that intra-pericardial rupture was so common. The clot in the popliteal was well organised, and was traversed by new vessels except in its very centre.

Three examples of congenital malformations of the intestines were shown to the Society during the evening.

The first was a specimen of Imperforate Anus, by Dr. CRISP. The infant only survived fifty hours. In this case the intestine projected at the anus, and it would have been a favourable one for operation, but the midwife in charge did not recognise the nature of the case. Dr. Crisp had shown a similar case in 1874, in which the child lived seven days.

Mr. ALBAN DORAN showed a specimen of Perforation of a Diverticulum in the Jejunum sent to him by Mr. Cottingham Johnson, of Bedford. It was obtained from the body of a robust and healthy boy, four years of age, who was seized with vomiting and abdominal pain after partaking of a hearty dinner, including peas. Castor oil was given without effect, and the vomiting persisted, becoming stercoraceous on the fourth day, when the boy died. There were flatus and fæcal matter in the peritoneal cavity, which was much inflamed. A small diverticulum, about one inch in length, projected from the mesenteric border of the lower part of the jejunum. A pea was impacted in it, and had caused ulceration and perforation of the diverticulum. This latter was clearly of congenital origin, was composed of all the coats of the gut, and probably represented the rudiment of the vitelline duct, usually seated lower down in the ileum. — The PRESIDENT referred to two examples of such diverticula; in one a gallstone had caused fatal perforation, and in the other there was perforation of a typhoid ulcer formed in the pouch.

Mr. DAVIES-COLLEY exhibited a specimen of Congenital Occlusion of the Small Intestine from a child four days old, who was reported to have passed meconium after birth. It began to vomit on the next day, and on the fourth day it presented a very emaciated appearance, the abdomen being distended, the intestinal coils visible. The anus was small and a watery fluid escaped from it. A catheter could only be passed for two or three inches. Relying on the statement that natural motions had passed, Mr. Davies-Colley thought the case one of intussusception, and made a small incision into the abdomen. He then laid open a distended piece of intestine and a quantity of meconium escaped. Relief followed, but the child shortly died. The small intestine was found greatly distended and thickened to a spot within nine inches from the cæcum, where it was constricted and reduced to a mere white band. On opening the intestine above and below the constriction, the mucous membrane on each side was seen to end in a cul-de-sac, each overlapping the other by a quarter of an inch. The artificial anus had been made an inch and a half above the septum. This was the first instance on record of a complete congenital occlusion of the ileum. Had the septum formed late in extra-uterine life after some meconium had passed into the large intestine? In reply to Mr. Wagstaffe, Mr. Davies-Colley said that he could not account for the occurrence of the occlusion. It was near the spot where the vitelline duct joins the intestine, but he did not see how that could have given rise to it.

Dr. CRISP exhibited a specimen of Miliary Tuberculosis in the Lungs in an infant three months of age, who had been delicate from birth, thin and pale, and had suffered from an occasional cough. Its mother died of phthisis, and on her side there was marked predisposition to tubercle. Three out of four children had died from pulmonary tubercle. The present child was found dead in bed. There was no evidence of tubercle except in the lungs, which were studded with miliary granulations of a light-yellow colour. A caseous bronchial gland was possibly the source of the tuberculosis. Dr. Crisp referred to a similar case he had recorded in the fourth volume of the Transactions, in which there was no hereditary predisposition. In that case there was miliary tubercle of the lungs and spleen, and a fatty liver.—Dr. DAY, in reference to Dr. Crisp's case, showed microscopical drawings of acute miliary tuberculosis of the lung, with and without associated catarrhal pneumonia.—Dr. DOUGLAS POWELL had brought forward, two years ago, the case of a child seven months old, in whom fatal hæmoptysis occurred (Pathological Transactions, XXV., pp. 39), and he had seen another case of miliary tubercle in the lungs of an infant of the same age. Such cases favoured strongly the view of the hereditary transmission of tuberculosis.

Mr. ALBAN DORAN showed a specimen of a large single Cyst of the Testicle. The patient was thirty years of age, strumous, and had never contracted syphilis. After being once tapped, and the testicle remaining swollen and tender, castration was performed by Mr. Hutchinson. Before the removal an exploratory puncture allowed of the escape of much blood from the cyst, which contained not only blood-clot, but soft masses attached to its wall. Numerous filaments, which proved to be degenerate and altered seminal tubules, varying in size from 1-100th to 1-500th of an inch, could be floated out from these soft masses, the deeper layers of which were composed of round cells. From these characters Mr. Doran thought the specimen one of adeno-sarcoma of the testicle. The capsule of the cyst was continuous with the mediastinum.

Dr. GREENFIELD showed a recent specimen of Diphtheritic False Membrane in the Larynx and Pharynx from a case of Enteric Fever. The case was that of a child, five years of age, who had been in St. Thomas's Hospital under the care of Dr. Murchison for about fifteen days. There was swelling and slight ulceration of Peyer's patches and solitary glands at the lower part of the ileum, the ulcers being small, round, and sharply excavated. In the larynx, upper part of trachea, and posterior surface of the palate and fauces, there was a thin layer of false membrane and muco-purulent secretion. The exudation was met with about the posterior nares and the orifices of the Eustachian tubes; but there was none on the anterior surface of the palate. Dr. Greenfield remarked that ulceration of the small intestines had been described in diphtheria, and he had often seen swelling of the solitary glands of the ileum in that disease; but the present was undoubtedly a case of enteric fever, and the questions raised by the case were, first, what was its relation to true diphtheria, and next whether diphtheria exists as a distinct specific disease at all.—The PRESIDENT said the patient in question was under his care at the hospital. The case was one of enteric fever in about the third week. Another child in the same family had recently had an abortive attack of enteric fever. In the present case laryngeal symptoms came on two days before death. No membrane could be seen on the fauces, which, with the tonsils, were red and swollen; and he hesitated to say whether the case was one of diphtheria complicating typhoid, or one of the other laryngeal complications that may occur in that disease. In addition to the laryngeal symptoms, there were signs of consolidation of the lungs. A form of diphtheria which he was in the habit of regarding as different from true diphtheria was not an unusual complication of enteric fever, and more often of typhus and scarlet fevers. Such cases occurred at the Fever Hospital, where it was curious that very few cases of diphtheria itself were admitted.—Dr. F. SEMON had seen, both here and in Germany, cases of diphtheria complicating typhoid; and, as a rule, in such cases, the diphtheritic inflammation begins in the larynx and spreads upwards, but does not affect the upper part of the pharynx. —The PRESIDENT added that even when the laryngeal symptoms were severe, there had been no difficulty in swallowing. One of the members of the family had died of enteric fever. In reply to Mr. Pugin Thornton, he said that as a rule the complication occurred about the third or fourth week of the fever.—Dr. CLIFFORD ALLBUTT remarked that diphtheritic complications of typhoid fever seemed to occur in some epidemics and not in others. He had been led to the opinion that there was some relation between enteric fever and diphtheria, partly from the above fact, and partly because diphtheria springs up in the same localities as typhoid does, and under similar conditions. He instanced the occurrence of an epidemic of diphtheria in a Yorkshire village being shortly followed by an epidemic of typhoid.

Mr. HARRISON CRIPPS exhibited two specimens of Cancer of the Rectum. In the first case the rectal symptoms had

lasted for two years, and a stricture was found three or four inches from the anus. There was not complete obstruction, but much pain on defecation. Colotomy was not thought desirable. On the death of the patient a large cancerous mass was found in the pelvis; it had caused absorption of the sacrum and coccyx, and had invaded the rectum. There were secondary growths in the liver. The second case was that of a gentleman who had suffered from rectal symptoms for two years. Examination showed a cancerous mass to be situated in the posterior wall of the gut, extending from one inch and a half from the anus for a distance of two or three inches. The patient was seen by Sir James Paget and Mr. Prescott Hewett, and the whole of the posterior wall of the rectum was excised. This was twelve months ago, and there was no recurrence of the disease, which was scirrhous cancer. There was no pain, and almost complete continence.

The Society then adjourned.

MEDICAL SOCIETY OF LONDON.

The Treatment of Dysmenorrhœa.

AT the meeting of this Society on the 5th inst., Dr. Thorowgood, Vice-President, in the chair, a paper was read by Dr. GREENHALGH upon "The Treatment of Dysmenorrhœa and certain affections of the Uterus by a new form of Intra-uterine elastic Stem." Having assumed that intra-uterine stems are essential for the cure of certain forms of uterine affection, he proceeded to give an account of the various contrivances which had been devised from the time of Otius up to the present date, especially directing attention to the metallic bougies of different sizes, first advocated and successfully used by Dr. Mackintosh, of Edinburgh, in the year 1836, to those of Sir J. Simpson, introduced in 1844, and to his own non-perforated vulcanite and expanding stems of 1862. He then alluded to the division of the cervix uteri by a lithotome caché, recommended by Sir J. Simpson in 1844, and to his own double-bladed curved and straight metrotomes devised in 1862. Having drawn attention to dilators of various kinds, especially to Priestley's dilator, described in 1864, and to the use of sponge and laminaria tents, he then proceeded to describe an india-rubber stem he had devised in the year 1872, which had proved far more successful in his hands than any of the means hitherto referred to. He strongly urged the delay of mechanical treatment until all symptoms of active local disease were subdued. After alluding to the method of introduction, the time of retention, and the period for the removal of the stem, he stated that the cases in which he had found it most serviceable were—dysmenorrhœa, flexions, strictures, certain cases of fibroid and subinvolution of the uterus, and sterility. He then briefly narrated some typical cases illustrative of the above affections with the results, and concluded by observing that the stem usually produced a free mucous discharge, and that frequently led to a copious and more prolonged loss at the menstrual periods, which, in cases where the stem has been worn for some months, is apt to become offensive, but from which he had never known any bad results to ensue.—In the course of the discussion, Dr. WYNN WILLIAMS said that he never used the hysterotome, finding division of the external os with a pair of scissors to be sufficient. He thought flexible stems of value, especially in retroverted conditions of the uterus, but he doubted their value in anteflexions, especially in virgins. He showed a vulcanite stem he was in the habit of using.—Mr. NAPIER asked why Dr. Greenhalgh had discarded the red india-rubber for the black?—Dr. BRAXTON HICKS could not understand how stems which were flexible could cure retroflexion and anteflexion of the uterus; and the specimens exhibited showed how readily they could be distorted by use.—Dr. ROUTH preferred the broad and thicker form of stem to the lighter one shown. Their use promoted secretion, and in some cases produced a menorrhagia, with consequent decrease in the size of the uterus, and return from its abnormal position. A similar instrument to Dr. Greenhalgh's was shown by the late Dr. Squarey some years ago. The stem used by Dr. W. Williams was objectionable from its retaining the secretions.—Dr. DE HAVILLAND HALL, referring to a case of paraplegia following anteflexion, related by Dr. Wynn Williams, thought it greatly mixed up with hysteria.—Dr. JOHN SCOTT did not think flexible stems would cure flexions; he always used a straight metallic stem—more effectual if more troublesome.—Dr. G. GRIFFITH instanced the employment of these stems to prevent conception in two cases of deformed pelvis.—Dr. GREENHALGH, in reply, said that both ante- and retroflexions had been perfectly and permanently cured by the use of these stems. He believed Dr. Routh's explanation to be the correct one—namely, that they induced increased secretion from the uterus, and thus led to a cure of the displacement by the uterus returning to its normal dimensions.

Reviews and Notices of Books.

A Treatise on the Pathology of the Urine, including a Complete Guide to its Analysis. By J. L. W. THUDICHUM, M.D. Second Edition. London: J. and A. Churchill. 1877.

THAT a work dealing with the more abstruse questions of the chemistry of the urine and the urinary products should have reached a second edition within a comparatively short space of time is an encouraging sign of the increasing favour with which physico-chemical science is regarded by the profession. It has not long been so. Clinical teachers, among whom may be reckoned such eminent names as Trousseau and Graves, were wont to deplore, in their introductory addresses, the excessive admixture of chemical science with the art of medicine, as calculated to lead astray young men commencing the study of their profession, and to declare that all the chemistry required by the physician was limited to an acquaintance with a few simple rules sufficient to conduct a rough examination of the urine in certain cases of gout, gravel, and dropsy. The change of opinion since these views were enunciated is everywhere marked. Laboratories now exist in all our large hospitals, where students obtain facilities of becoming practically acquainted with the chemical composition and reaction of the various tissues and fluids of the body. The Pathological Society has appointed a chemical committee for analysing and reporting on such specimens as might be submitted to it, whilst the president, himself one of our most distinguished clinical teachers, in a recent address to the Society, especially drew attention to the assistance chemistry and experimental pathology were likely to yield in disclosing to us the early origin and intimate pathology of disease. This favourable reaction on behalf of physico-chemical science is undoubtedly due to the high scientific qualifications of the few workers attracted to this field of observation, among whom Prout, Golding-Bird, Bence Jones, and Parkes, stand pre-eminently forward.

In the work before us Dr. Thudichum gives a sufficiently intelligible, though rather too brief, account of the chief constituents of the urinary secretion, together with the best methods of chemical analysis and the variations that occur in it in health and disease. Unfortunately, however, the space which might have been more profitably filled by giving fuller details on essential points of urinary pathology is occupied by a description of substances the existence of many of which is still extremely problematic, and, at the best, of little practical importance to the medical man. Thus we have a full account of the author's discovery of reducine, kryptophanic acid, urochrome and its various products of decomposition, uromelamine, uropithine, urorubine, metauropithine, omicholine, omicholic acid, together with

the discoveries of other observers of chromogen of urobiline, omichymyl oxyde, oxymandelic acid, kynuric acid, urocaninic acid—names which to our minds serve to make confusion worse confounded, and

> "Like the verbum Graecum,
> Spermagoraiolekitholakanopolides:
> Words that should only be said on holidays,
> When one has nothing else to do."

Dr. Thudichum also makes use of such terms as chemolysis, cruenturesis, hypalbuminosis, &c.—pedantic ponderosities which greatly obscure the text. Taken as a whole, the work is not one that can be recommended to the ordinary student or practitioner, though to those engaged in researches in chemical pathology it presents some points of interest, and is therefore of value as a contribution to scientific literature.

Preventive Medicine in relation to the Public Health. By ALFRED CARPENTER, M.D. Lond., C.S.S. Camb. London: Simpkin, Marshall, and Co. Sm. 8vo, pp. 367. 1877.

THIS small volume contains the lectures on the subject to which it refers delivered by Dr. Carpenter to the students of St. Thomas's Hospital during the summer session of 1876, and certain papers on related subjects contributed by him to the Association of Medical Officers of Health, the British Medical Association, the Public Health Section of the Social Science Association, &c. Dr. Carpenter is an independent thinker and worker, and there are few persons engaged in sanitary labours, or who take an interest in them, who will not be glad to have these lectures and papers in the handy form for consultation in which they are now issued. The book has necessarily a disjointed character from the manner of publication adopted, and we are disposed to quarrel with Dr. Carpenter on this score. If it was desirable to revise the different lectures and papers so thoroughly as he appears to have done, would it not have been well to have gone a step further, and arranged the whole in a systematic form? Had he taken this course, we venture to think that he would have done more justice to himself and to his subject. He is conscious of the defect to which we refer (see the Preface), but we disagree with him in thinking that it is a merit rather than a fault in a work like the present.

How is a reviewer to deal with a book which touches, upon almost all the subjects which concern the medical man in sanitary work? Dr. Carpenter has much that is instructive to say upon every one of them, and upon a great number he brings to bear the results of a ripe experience. Take, for instance, two subjects of very different character which are now occupying much attention, the question of what Dr. Carpenter terms "dormant germs," and the question of sewage disposal. On both these subjects this volume may be consulted with much advantage. We apprehend that it will be welcomed by medical men and others engaged in sanitary work.

Quarterly Journal of Microscopical Science. Edited by Messrs. LANKESTER, KLEIN, and ARCHER. No. LXVIII. October, 1877.

THE memoirs contained in this number are, first, the now well-known lecture of Dr. William Roberts on the Doctrine of Contagium Vivum and its Application to Medicine, which was the Address in Medicine delivered at the meeting of the British Medical Association at Manchester in August last. Secondly, Mr. William Archer continues his *résumé* of recent contributions to our knowledge of Fresh-water Rhizopoda, the present paper including the Rhizopoda Monothalamia, Monostomata, and Amphistomata. The third paper is by Carl Vogt, and is devoted to the Loxosoma, one of the Polyzoa, and included by the author in the genus Pedicellina. The succeeding article is to the medical reader the most interesting in the number, being a translation of a paper by Prof. Arthur Boettcher, of Dorpat, on the Minute Structural Relations of the Red Blood-corpuscles, in which the author communicates the fact that a nucleus can be demonstrated in the red blood-corpuscles of mammals by treating them with a solution of corrosive sublimate in alcohol. This solution deprives them of their colouring matter, whilst the albuminous material of which they are chiefly composed remains, with preservation of their original form. Treated in this manner, the blood-corpuscles of ordinary blood are found to be capable of arrangement in several groups. First, those which appear homogeneous and shining; secondly, those which present a homogeneous shining cortical layer and a granular mass in the interior, which last is more darkly-stained by carmine and eosine. These corpuscles are by far the most numerous. Thirdly, blood-corpuscles are met with in which three parts can be distinguished: (*a*) the bright homogeneous cortical layer; (*b*) the granular protoplasm, which stains more deeply with carmine; and (*c*) a clear nucleus enclosed in the latter, and containing a bright nucleolus. Prof. Boettcher had the opportunity of examining the body of a man—the porter of the Pathological Institute—who drank a large draught of the solution of corrosive sublimate in alcohol, used in these researches, and carefully investigated the condition of the blood. He found that the corpuscles presented one or other of the characters recounted above, and is disposed to consider that the changes in the blood-corpuscles play an important part in poisoning by corrosive sublimate. Prof. Boettcher describes in addition the effects of his solution on the red blood-corpuscles of the camel and frog, and points out that his results are incompatible with the doctrine of a stroma in the corpuscles originated by Rollet. He regards the stroma as an artificial product. Dr. Klein contributes a polemic on the Minute Anatomy of the Epidermis in Small-pox of Sheep, in which he criticises the views recently advanced by Dr. Unna in Virchow's *Archiv*, regarding the presence of a "Pöckenkorper." Dr. Klein maintains that this so-called Pöckenkorper is only the upper section of rete Malpighii enclosed between the two strata lucida. The last article is an elaborate attempt at a new classification of the animal kingdom, essentially based on the processes of embryonic development, by Prof. Ray Lankester.

An Elementary Treatise on Physics, experimental and applied, Translated and edited from Ganot's "Elements de Physique." By E. ATKINSON, Ph.D., F.C.S. Eighth edition, revised and enlarged. London: Longmans. 1877.

THIS excellent and popular manual of physics has reached an eighth edition, and well deserves the high position which it has gained. The present edition, though enlarged by the addition of over sixty pages of revised and new material, is but little increased in actual size, and is even more handy and convenient than the older editions. We need say nothing of the contents, which are well known, the additions being mainly those needed to bring the work up to the level of the most recent researches. The book is an invaluable one for the student, and seeing how close is the connexion on a multitude of points between physics and medicine, and how necessary an acquaintance with physical laws is for the scientific study of medicine, we would strongly commend the work as a reference-book to the library of every practitioner.

SURGICAL SOCIETY OF IRELAND. — At a meeting held on the 5th inst., Dr. Robert M'Donnell was elected President, and Dr. Philip C. Smyly Vice-President, for the ensuing year.

THE REPORT OF THE LOCAL GOVERNMENT BOARD.

I.

THE sixth annual Report of the Local Government Board has recently appeared. This important document (which is headed 1876-77, and is dated April 20th, 1877) relates chiefly to the proceedings of the Board in 1876 and a part of 1875. It is divided into two parts, and is followed by a bulky appendix of circulars, reports of inspectors, and returns relating to the several parts. The first part deals with the administration of the laws relating to the relief of the poor; the second with the administration of the laws affecting local government and the public health. It does not appear why the publication of this Report should have been so much delayed, but so long as it was held back from the public there was hope that the report of the Medical Officer of the Board, of the continuation of which in a separate form some doubts had been entertained after Mr. John Simon's retirement, might also be only delayed. It is gratifying to be able to state, on the authority of Mr. Sclater-Booth at p. xcv. of the present Report, that the Medical Officer's Report will still appear in a separate form, and that the series of these peculiarly important documents, in professional estimation, will not be broken.

The first part of the Local Government Board's Report, that which relates to Poor-law relief, contains less which calls for our attention in this descriptive notice than the second part, that which relates to public health. We may note here of the first part that it shows a marked decrease in the expenditure for the relief of the poor during the period to which it refers, and a still more marked decrease—the decrease in this matter being continuous over a series of years—in pauperism. The decrease in expenditure is especially marked with respect to out door relief, the diminution of which the Local Government Board has especially had in view of late years in the advice it has urged upon boards of guardians. In other words, the reforms which the Board has pressed upon guardians in the administration of out-door relief have had this marked result, and would appear to contemplate that ultimately no out-door relief from the rates would be granted. With respect to medical questions in this part of the Report, we may note that only six of the unions and parishes in the metropolis now retain their in door sick in mixed workhouses, the remainder providing accommodation for them—or being now engaged in making provision for them—in separate buildings. A brief account is given of the measures adopted by the Local Government Board and the managers of the Metropolitan Asylum District with reference to the late epidemic of small-pox, which may be consulted with advantage by those interested in the subject. The number of lunatics, including imbecile persons and idiots, chargeable to the poor-rates in 1876, was 55,575, an increase of 944 upon the number as charged in the previous year. A curious question was raised in the past year by the Irish Government, the latter having asked the Home Government, as a precaution against the introduction of small-pox into Ireland, to discontinue the practice of removing paupers from the port of Liverpool there, so long as small-pox was prevalent in that port. The question was submitted to the Local Government Board, and this Board very judiciously adopted the point of view that the effect of this particular kind of intercourse would be slight while the daily and hourly communication between the two countries in other respects continued wholly without restrictions. Moreover, the Board was advised that it had no legal authority to stop such removals. The guardians of the several unions in the neighbourhood of Liverpool were requested, however, to exercise the greatest possible caution in the removal of paupers while small-pox continued within their boundaries, so that any liability to transmission of the disease by that means might be held as far as practicable in check. "No case," the Board states, "has been brought to our knowledge in which it is even alleged that the infection of small-pox has been conveyed to Ireland by the removal to it of a pauper suffering from the disease."

From the second part of the Report, that relating to public health, after reference to the provisions of the Rivers' Pollution Act, 1876, it would appear that, in addition to numerous alterations of areas of sanitary districts which the Board has caused to be made for various purposes, it conferred certain urban powers upon fifty-two rural sanitary authorities, and approved, in additional cases, of the appointment of seventy medical officers of health (fourteen rural and fifty-six urban) and fifty-one inspectors of nuisances (six rural and forty-five urban). The urban powers granted to rural sanitary authorities usually related to the power of making bye-laws as to cleansing of streets, removal of refuse, and the construction of new buildings. The total number of appointments now existing which the Board has sanctioned since the passing of the Public Health Act, 1872, is as follows:—*Medical Officers of Health*: By rural authorities 394, urban authorities 387, combined authorities 44, total 825. *Inspectors of Nuisances*: By rural authorities 507, urban authorities 319, combined authorities 17, total 843. Medical officers of health and inspectors of nuisances have also been appointed for forty-five of the forty-six port sanitary authorities constituted under the Board's orders. On the 31st December, 1876, there were forty-two district combinations for the appointment of medical officers of health, embracing 140 rural and 126 urban authorities, and seventeen district combinations for the appointment of inspectors of nuisances, embracing fifteen rural and thirty-seven urban authorities.

The loans to sanitary authorities sanctioned by the Board in 1876 amounted to £2,563,708. The total outstanding loans to local authorities on the 25th March, 1876, were as follows:—To urban sanitary authorities £38,546,284, to rural sanitary authorities £204,456, making a grand total of £38,750,740.

MEDICAL ASPECTS OF THE WAR.

ON the 28th September the *Daily Telegraph* published a letter from its correspondent at Buda-Pesth, in which it was stated, on the authority of an American physician, that nothing could be more inhuman than the way in which the wounded Russians were treated in hospital. This statement has called forth a letter from the military attaché of the United States, at the head-quarters of the Russian army on the Danube, denying the statement, and furnishing the following interesting details respecting the hospital arrangements of that army. He states that it possesses 42 semi-permanent hospitals, each composed of 35 huts, and having attached 24 baggage-waggons, 3 pharmacy-waggons, with a staff of 12 surgeons, 300 assistant-surgeons, 3 dispensers, and a greater or less number of sisters of charity (volunteers). Each hospital gives accommodation to 600 patients, or at need 1000. The hospital-tents measure 35 feet in length, 25 feet in breadth, 15 feet in height to the ridge, and 5 feet in height of wall. Each tent can receive 22 beds, allowing one foot of space between each couple. The hospital of Gorny-Studien, which the correspondent of the *Daily Telegraph* had described as well situated and perfectly organised, the military attaché says differs in no respect from any of the others. Fourteen of these hospitals are situated in Bulgaria, 15 in Roumania, and 7 in Russia. Six are kept in reserve. The Bulgarian hospitals furnish accommodation for 8400 patients, the Roumanian for 9000. In addition to the hospitals above-mentioned, each division has its special hospital of six huts, and each battalion its ambulance-waggon (on springs), making a total of 18 waggons for each division. The medical staff of the divisional hospital consists of a principal medical officer, four assistants having charge of the administration of the hospital, four surgeons, and a certain number of assistant-surgeons and attendants. Each regiment, moreover, has attached to it three physicians and one surgeon. A supplementary service of 350 ambulance-waggons on springs is under the direction of the chief sanitary officer of the army, and is detached for service where it seems most necessary. But the provision of

ambulance-waggons has proved utterly inadequate in some of the severe engagements which have occurred, as, for example, before Plevna, where, in one instance, 9500 wounded had to be provided for in two days. The regulation waggon in such cases has had to be supplemented by the ordinary country waggon used by the commissariat. This account refers solely to the military hospitals proper, and does not include the hospitals provided by the Red Cross Society.

Of the general state of health of the Russian army on the Danube very little information is permitted to be published, and at the present moment little is accurately known.

From the Turkish forces in Bulgaria and Roumelia the accounts become more and more gloomy as to the state of health. *The Times* correspondent, writing from Philippopolis on the 21st ult., states that the condition of things in that district, medico-sanitarily, could not well be worse. There is an almost entire absence of organisation in the Turkish medical and surgical arrangements. The neglect of the sick and wounded is revolting, and the state of the hospitals indescribable. "The mortality is shocking to relate, gangrene, of course, being of extremely common occurrence." The only relief to the story is found in the exertions of Dr. Stoker, Dr. Eccles, Dr. Baker, and others of the National Aid Society, and in the efforts of the Red Crescent Society.

The condition of the soldiers in the field appears to be hardly better than the sick in hospital. The sickness is becoming inordinate. Typhus and dysentery are widely prevalent. The troops, indeed, seem in November to be in hardly better state than were the Turkish troops in the Crimea in the depth of the winter of 1854–55. Another fact recalling Crimean days is the recent effort of the Medical Council at Constantinople to intercept, on petty grounds, two English surgeons proceeding to Armenia to supply the places of Drs. Buckby and Casson, both shut up in Kars. The work of English surgeons serving with the Turkish army in 1854–56 was rendered almost nugatory by the difficulties thrown in their way by the heads of the Turkish Medical Department.

A telegram from Constantinople, dated the 3rd November, announces the capture, by the Russians, at Telis, of Dr. Douglas, of St. Thomas's Hospital, and Dr. Nicholls (or Vachell), of the London Hospital, left in charge of wounded Turks there.

Lord Blantyre has favoured us with the following extracts from letters received by him from Armenia:—

The English Consul to Lord Blantyre.

"Erzeroum, 10th Oct. (received 30th Oct. 1877).

"I sent Dr. Casson (who is with the army near Kars) on Tuesday, 2nd, six cartloads of stores, consisting of ninety-nine bed and pillow-cases ready for filling, and twenty-two cases of drugs, splints, clothing, medical comforts, blankets, soup, lime-juice, &c. These were confided to me by the National Aid Society through their agent, Mr. J. S. Young, who came up here a fortnight since with a well-selected batch of stores.

"Our hospital is doing very well indeed; it is very clean and sweet. The patients seem comfortable, and express themselves happy and grateful. The staff now work well, and everything, I can assure you, goes very smoothly. Each man having become versed in the duties he has to perform, the daily work is got through speedily, silently, and thoroughly, and whether we have four or forty new patients suddenly sent to us, their entry is marked by no hurry or confusion; they are told off to their beds, looked to, and made comfortable without delay. I have been repeatedly told that the one desire of the patients in the other hospitals is to be transferred to the 'English Hospital.'"

Mr. Featherstonhaugh, writing from Erzeroum, 4th Oct., says:—

"It freezes every night, and the mornings are very cold, but the days are beautifully fine."

And on 11th Oct.:—

"Our hospital is rather empty just now, only about 100 in; but any day may fill it again, as about 2000 were wounded last week, and there was another battle on Tuesday, when the Russians were again driven back. It was expected that the attack would be renewed to-day. It is said that the Russians have been reinforced by another division; if so I fear they will be too much for Muhktar.

"Mr. Young gave us a good supply of clothes, which will be amply sufficient for our wants at the hospital; but if anything were being sent from England I would recommend warm lambswool drawers and jerseys and warm stockings. They could easily be distributed to the many half-starved, half-clad, and wholly sick who are now beginning to infest this place; and I have no doubt Kars also. They are cast off by the Government as being useless, and numbers will die of cold and hunger. 1000 pairs of drawers and stockings and 1000 jerseys could be given away with advantage. When Mr. Young was here I had no idea the poor fellows would be so utterly uncared for. Our plan for the present is to give the wounded a pair of drawers and jersey when leaving the hospital.

"Dr. Buckby is seriously ill with typhoid fever at Kars, and Dr. Casson far from well.

"Drs. James Denniston and John Pinkerton, after being detained at Constantinople on the ground of not having their diplomas to prove they were qualified surgeons, were to start thence on the 19th of October for Erzeroum."

The National Aid Society has published an interesting series of letters from its agents and others, relating to the operations of the Society in the present war. The dates of the letters range from the 30th July to the 29th September. Several telegrams are also given of a later date. We trust that the Society will from time to time continue the publication of its agents' letters in this form. The collected letters permit a juster conception to be formed of the Society's work.

The following is from *The Times* of Nov. 7th. It appears in telegrams from "Our Special Correspondent" with the army of Bulgaria at Bogot:—

"The Aide-de-Camp of Haki Pasha is wounded in the thigh. Three Englishmen were brought in here with Haki Pasha from Telis. One of them, Colonel Coope, formerly an officer in the 7th Fusiliers, is an officer in Baker Pasha's Gendarmerie; but it appears that the organisation of this body is a mere paper reform to please Europe, and these officers find themselves in possession of a well-paid sinecure, at least for the present. Colonel Coope, becoming weary of inaction, proposed to organise a Corps of Stretchermen, to carry the wounded off the battle-field, and he proceeded to Telis for that purpose; but Osman Pasha declared he wanted no English doctors; that he was the saviour of Turkey, and would rescue her without foreign assistance. Colonel Coope, therefore, found himself again without occupation, and joined the English Ambulance at Telis, to assist in dressing the wounded, donning the Red Crescent on his left arm, and in this anomalous position he was captured. The Russians cannot understand his holding the Sultan's commission as an officer of Gendarmerie, and at the same time wearing the Red Crescent; consequently, Colonel Coope will probably be detained as a prisoner of war, and sent to Russia. The other Englishmen—Dr. Douglas, of St. Thomas's and St. Mary's Hospitals, and Dr. Vachell, of the London Hospital—are treated with the greatest courtesy. They have capital quarters, and dine and breakfast with the Grand Duke Nicholas, who shows them marked attention.

"I visited the field hospitals here in their company this afternoon. Dr. Douglas authorises me to state that he saw the Russian dead horribly mutilated after their first repulse at Telis. Many were headless, all were stripped naked, and he saw one body of a man who had received a comparatively slight wound from the Turkish fire, and had then been shot five times in a circle through the breast by a revolver held so close that the powder had burned the flesh. He is positive that the man was murdered, as his first wound was too slight to cause death. Both these English doctors have travelled from Constantinople to Plevna, and have only seen or heard of three Russian prisoners in the Turkish lines. The Turkish authorities, they state, declare they do not want English doctors, but English soldiers; that the wounded are of no use, as they cannot fight any more, and are only a useless burden to the State. Both of these young surgeons might have made their escape, but remained at their posts by the wounded, and were captured with them. They were under fire in Telis, and describe the effect of the new artillery projectiles of the Guard as being terrific, the Turkish soldiers being blown to atoms in their trenches. The garrison of Telis were all regulars."

THE LANCET.

LONDON: SATURDAY, NOVEMBER 10, 1877.

BEFORE attempting to summarise the views and suggestions of those district and workhouse medical officers who have responded to our request for an extensive expression of opinion on the grave and pressing question of Poor-law medical relief, we should like to enlarge the area of the inquiry. The replies we have received are very numerous and many of them exhaustive, but they point to a more comprehensive review of the economic question than we had contemplated; and we are inclined to believe the moment is opportune for an exhaustive scrutiny. It has also been urged with great reason and force that there is an aspect of the subject which the outlines sketched for the controversy do not include. Practitioners not actually in the employ of the Local Government Board and the guardians are often so placed, particularly in the provinces and agricultural districts, as to see a great deal of the inner working of the medical relief system in its most important phases. We therefore conclude to ask the co-operation of the profession generally in an endeavour to construct within the next few weeks a sound and clear *résumé* of the opinions entertained by practical men upon the working of the Poor-law system as it exists, and the measures which may be necessary to improve it. The mass of documents already received is great, and the light thrown upon the subject, as a whole, stronger than we expected. It therefore seems well to make the undertaking somewhat more comprehensive than was at first intended, so that it may be possible to place before the Legislature a coherent series of recommendations indicating the leading lines of reform.

It is, of course, primarily with the medical aspects of the Poor-law question we are interested; but the large part which disease plays in the production or maintenance of pauperism renders it impossible to disregard the social and economic features of the subject. The problem to be solved, and for which we hope to find a solution, is the cure of disease in such fashion as to minimise the disability of possible bread-winners. There can be no doubt that illness and weakness, hereditary and accidental, are the efficient or "assigned" causes of the major part of pauperism. A very large proportion per cent. of the individuals and families added, year by year, to the total number of the dependent are disabled by disease; and, besides themselves falling into the ranks of pauperism, they become the progenitors of a new race of parasites; so that not only for their own sakes, but in the interests of society, it is important to *cure* them. Taking the purely economic standpoint, it is certainly desirable that this issue of prudence should be raised. The policy of "relief" which has hitherto found favour with the public and the State is one which may be represented as: doling out assistance in driblets to meet the pressing emergencies of want. This is obviously a method of procedure which cannot commend itself to the business instinct of a commercial age. It is like spending capital in occasional and piecemeal repairs when the interest of an equal sum, properly invested, would suffice to maintain the fabric in working efficiency. We have no hesitation in asserting that the total amount of money expended annually in the ineffectual relief of pauperism would, if capitalised, go far to extinguish the bulk of the evil within a reasonable period. In short, so far as the economic phase of the question is concerned, it takes the shape of a simple arithmetical proposition which may be readily carried to a satisfactory conclusion. The medical agency employed is not adequate to the work devolved upon it. It is the collateral relief afforded by charitable institutions that staves off the catastrophe of a break-down in the Poor-law medical machinery, and this fact to some extent marks the necessity.

The purpose of the inquiry we are prosecuting is to bring these underlying facts clearly to the surface. There is no thought, and certainly there is no need, of an endeavour to collect evidence in support of a particular theory. The time has arrived for a definitive and formal expression of opinion on the part of the medical profession, and what that should be may be safely left to be determined by the logic of facts. The weak points in the argument urged on behalf of a more liberal and wise recognition of medical service, and a satisfactory readjustment of the drug question, have been chiefly two. There has been a tendency to disregard the economic aspect of the points at issue, which to the ratepaying community must always appear the most important; and the contentions ... mitted have not been based on facts and figures carefully collated and fairly interpreted. We are anxious that these points should be strengthened by the results of the present inquiry. It is therefore necessary to ask especial attention for the matters indicated. Speaking generally, we doubt whether they have adequately impressed the minds of our correspondents. It should be borne in memory that the whole question is one which will have to be considered and determined by the Legislature, and a Parliament of laymen must be expected to attach primary weight to arguments which derive their point and force from statistical facts and actual experience. The general figures are before the public, but the local bearings of the financial and economic questions need to be illustrated. If district and workhouse officers would adduce specific evidence of the way in which the system in operation affects results within their own sphere of observation, the cumulative weight of such testimony would be overwhelming. It is not enough to state general impressions, however carefully formed; the need of the argument requires a grappling with express facts, and it is only by individual contributions to the mass of such evidence the case can be built up into a shape which will command the approval of public opinion. There is a widespread and well-founded conviction that the policy of refusing out-door relief and economising medical expenses is producing results which are most undesirable—in fact, repression of the morbid growth of parasitic pauperism in certain localities at the cost of its increased vitality elsewhere. The practical question is whether this conclusion is a just one. If it is, the mischief at work must be discoverable by its direct effects in particular districts. A simultaneous exposure of facts in the several parts of the

area of Poor-law administration will readily and fairly disclose the true state of matters. It is with a view to bringing about such a disclosure, in the only practical and safe way, we make this general appeal for evidence.

AFTER an absence of just forty years, metallic medicine—the employment of solid metal in the investigation and treatment of disease—has returned to the country from which it came. In the interval it has found an asylum, or rather till lately a hiding-place, in a neighbouring capital. It has reappeared, it is true, not quite in the form in which it disappeared. It is rehabilitated in the garb of science, which it certainly lacked before, and it has flourished under the shadow of a great authority, and is supported by facts to which, as such, little exception can be taken. But, as was hinted last week at the Clinical Society by Mr. BRUDENELL CARTER, there are "facts and facts." Many undoubted facts give little real support to the conclusions from them which seem at first sight necessary. The occurrence of the remarkable phenomena which follow the application of certain metals to hysterical subjects rests on unimpeachable evidence. It has been testified to, as it occurs in the wards of Prof. CHARCOT, by many witnesses. The careful report which Dr. REYNOLDS gave in our columns made clear to the profession in this country the conditions under which the phenomena occur in France, and their occurrence in this country has furnished the additional proof of their reality to which Dr. HENRY THOMPSON lately called the attention of the Clinical Society. It was not on the occurrence, but on the significance, of the effects of metallic treatment, that the chief discussion then arose, and must in the future chiefly turn.

In his remarks on the phenomena as they are to be seen in Paris, Dr. REYNOLDS pointed out the striking resemblance between them, in some of their features, and those which helped to make the name of ELLIOTSON notorious forty years ago, and the remark has been since repeated. As, however, ELLIOTSON is generally believed to have been the dupe of rank imposture, the comparison may seem more than usually "odious." We believe, however, that such a comparison is not only instructive—it is necessary. Not only is the parallelism between the two sets of phenomena remarkably close; the two are, in a sense, sequential. The resemblance between them was more than accidental. The experiments of Dr. ELLIOTSON suggested to Dr. BURQ his own observations, and the metallo-therapy of the Salpétrière of to-day is the direct offspring of the performances of ELLIOTSON and the O'KEYS forty years ago. Moreover, the comparison is instructive in regard to the circumstances, of the detection of the supposed fraud then, and the lessons which we may learn from it in the investigation of the phenomena as they occur now.

Alike then and now the essential fact of the alleged phenomena was the occurrence of a remarkable stimulation of the nervous system on the application of certain metals to the skin of hysterical patients, and it was alleged then, as now, that certain metals had special effects in special cases. In details the phenomena differed. Then the stimulating effect was manifested as convulsion, now it is merely the return of sensation in an anæsthetic area.

It is unnecessary to repeat the facts so lately before our readers concerning the observation on metallo-therapy in Paris, the well-marked and characteristic phenomena of the cases, the unquestionable return of circulation and of sensation when strings of metallic discs, of which gold is said to be the most potent, are placed in contact with the palsied and anæsthetic limb. The only explanation which has been suggested and which is tenable for a moment, is that which commended itself as probable to Dr. REYNOLDS, and which is stated in more detail in another column by Dr. MORTIMER GRANVILLE, that the metal, known or shrewdly guessed, exerts its influence on the highest psychical function of the brain, and by that means on the lower sensory and vaso-motor phenomena.

It is to the manner in which this fact was demonstrated in the past that we desire to direct our readers' attention. The alleged phenomena of ELLIOTSON were conclusively shown to be wholly independent of the nature of the metal employed, and a proof was given of the most satisfactory kind that the *modus operandi* of their application was one not wholly dissimilar to that suggested by Dr. REYNOLDS—that is, that they acted solely through the individual's imagination and will. For the complete exposure of this supposed phenomena the profession was indebted to the late Mr. WAKLEY, and from his account, which appeared in THE LANCET of Sept. 1st, 1838, we condense the following description. A girl, ELIZABETH O'KEY, had repeatedly manifested, when the metal nickel was applied to her limbs, convulsive phenomena of the most intense character—flushing, strabismus, opisthotonos of great violence. They never occurred when any other metal was employed, with or without the girl's supposed knowledge, but followed invariably the use of the metal nickel. The occurrence of the convulsions on the use of the nickel was an unquestionable fact. But it was noticed by Mr. WAKLEY that, although the girl's eyes were covered, it was easy on every occasion, by the manner of application, or by the fact that the nickel was warmed by the hand of Dr. ELLIOTSON in order to impart to it a supposed mesmeric influence, for her to detect which metal was being used. In order, therefore, to remove this complicating condition, Mr. WAKLEY warmed the lead as well as the nickel, and applied each in the same way, and the convulsions appeared only after each had been employed many times. It was then agreed in the hearing of the girl that nickel only should be used. Instead of this the nickel was privately handed to a spectator, who put it in his pocket, and walked to the other side of the room. The lead was then applied. A caution, "Take care, do not apply the nickel too strongly," was given by a bystander, and instantly a convulsion of the most violent character came on. The paroxysm lasted half an hour, and was of intense severity. The observation was repeated many times, and on the subsequent application of nickel in a different manner no convulsion occurred. It is not necessary to relate the details of Mr. WAKLEY'S subsequent experiments with gold and other metals, which fully corroborated the conclusion drawn from the observation we have described. They demonstrated that the phenomena had no connexion with the nature of the metals which were employed, and to which the effects were ascribed.

In the case of the O'KEYS there was abundant independent evidence of imposture. But the occurrences we have mentioned do not necessarily imply this cause. The remarkable association of volitional and emotional phenomena in hysteria renders it impossible often to distinguish the one from the other, and the knowledge that an effect is expected may sometimes produce the effect without the conscious intervention of the will. This knowledge and this expectation exist in all cases in which the applications of metals have been found so useful. It is impossible to apply them without conveying the knowledge and exciting the attentive expectation. The symptoms for which they are applied cannot be ascertained without calling the patient's attention to their existence; the strange and unusual remedy of the application of a string of coins cannot be adopted without exciting expectation of local result—an expectation which it has been often demonstrated is sufficient to determine the disappearance of local symptoms in this remarkable disease.

A VERY interesting paper "On the Effects of Fright," as exemplified in cases occurring during the bombardment of Strasbourg in 1870, has been communicated to the Medical Society of the Bas-Rhin by Dr. REIBEL, who states that he was in charge of one of the ambulances established at that time for the wounded, and that the cases he describes fell under his own observation. The exercise of the medical profession at this period was, he says, no desirable occupation, since, besides the charge of the ambulances, the surgeons had to visit, at least once a day, under a shower of bombs and shells, those who were injured in their own houses. Besides many curious and interesting cases of injury, he saw a class of cases of internal disease which at the time he entertained no doubt, and subsequent consideration has only confirmed his opinion, were due to the effects of terror, induced partly by the fearful shrieks of the shells, partly by the sense of ever-present danger, partly by the fires that were of constant occurrence, and partly by the perpetually flying rumours of the number and sad condition of the wounded.

The first case he records is that of a physician, Dr. TEINTURIER, well known it appears to the members of the profession in Strasbourg, whose house was set on fire by a shell. Terrified, he rushed into the street, and was immediately attacked by a form of nervous delirium with hallucinations; every possible care was bestowed upon him, but sleeplessness and agitation gave place to coma and paralysis, which were followed by collapse, and he died five days after the shock. Another remarkable case, calling to mind the "wind contusions" of the older writers, occurred in a boy about ten years of age, who was crossing the Place d'Austerlitz when a shell whizzed past his head. Greatly alarmed, he ran into his own house, saying he had been frightened, and wished to lie down, as his legs trembled under him. He was put to bed; had a rigor followed by vomiting, which was succeeded by delirium and convulsions, and death ensued in five hours. In a third case a patient liable to migraine, and, therefore, probably a nervous subject, suffered frequent attacks of her ordinary complaint during the first days of the siege. A month later the attacks became intermittent and yielded to sulphate of quinine. Nevertheless, her appetite failed, she became progressively weaker, with perspirations, an outbreak of sudamina, and symptoms that resembled those of a low fever. In the course of another month sleeplessness, agitation, and delirium supervened, followed by coma, and death took place evidently from an attack of meningitis. A similar case is recorded of an elderly woman who had lived through six weeks of the siege in continual harass and anxiety, and who was suddenly seized with epileptiform convulsions, and died in a few hours. Another woman buried all her ready money in her cellar. Her house was struck and set on fire, and she had to fly for life. An attack of delirium supervened, in which the predominant idea was that she was ruined, which, however, was not the case. An apoplectic seizure with hemiplegia occurred, followed by a second and third, and death took place shortly after she had fallen into a state of great depression and complete dementia. M. REIBEL gives a number of other cases of nervous affection, the disease or death where this occurred being in each instance traceable to the effects, direct or indirect, of the explosions of shells. Thus there were five cases of cerebral apoplexy, seven cases of paralysis of the cord, four cases of mental alienation, two of epilepsy, four cases of uterine hysteric convulsions, two cases of exophthalmic goitre, and one of extreme neuralgia of the mamma. Besides these affections of the nervous system, M. REIBEL observed a case of pneumonia, one of angina pectoris, one of diabetes, one of purpura, many cases of diseases of the liver, and two cases of cancer developing with extraordinary rapidity, and all more or less clearly associated with the terror and excitement of the siege. The case of pneumonia occurred in a lady fifty years of age, who was recovering from a slight attack of that disease. On the seventh day, a shell exploded in an adjoining room. The patient, excessively alarmed, felt a sudden oppression of the chest; the inflammation returned with extreme violence, and in ten hours she was dead. Though John Bull pays heavily in one shape or another for his security, the story of such occurrences as these may well lead him to give cheerfully if it effect the security of his house and home; for if so large a series of distressing cases fell under the observation of one man, how many must there be who are still suffering from the sudden and utter loss of friends and of property, and who, reduced to poverty and distress, still experience, in shattered nerves and disordered functions, the effects of that terrible bombardment.

IN the present unfortunate and critical state of affairs in the University of London we venture to think a historical *résumé* of the events which have brought about the serious juncture will be of interest to our readers. We have said on several occasions that many graduates of the University of London are unacquainted with the subject, and in consequence the wildest statements are made in and out of the profession, and even senators of the University make representations which show at least that they are not fully posted in all that has been done in Convocation and in the Senate itself. The facts are simple enough, and to them we ask the attention of all graduates of the University, of the Chancellor of the University, and of other members of the Senate. The

position in which the University is placed seems to us to be of such gravity that we cannot but think an inquiry into all that has passed will persuade the Senate into a course of action which will at once relieve the University from its difficulties.

What are the facts? In 1866 Convocation voted the desirability of instituting examinations for women. The Senate approved, and obtained a charter in 1867, which gave them power to examine and grant certificates to women. Then for seven years there was peace on the women's question; but in 1874 Convocation voted that it was desirable to admit women to degrees. The proposition was carried by a majority of 18 in a moderately full meeting, the numbers being 83 to 65; but we venture to say that the gathering was far from being representative of the opinions of the different sections of Convocation. However, due notice of the motion had been given. In July of the same year, Mr. OSLER proposed, in the Senate, a resolution to the effect that the recommendation of Convocation should be adopted, and was defeated, the votes being 17 to 10. Thus a House consisting of 27—one of the largest known—refused by a large majority, only three years ago, to admit women to the degrees of the University. And again there was peace. Yet the University volcano was not extinguished, but smouldering only; for in January, 1876, Convocation received notice that at its coming meeting it would be asked to resolve that women should be admitted to degrees in Arts. At this meeting medical graduates were all but unrepresented, not half a dozen being present. But we strongly suspect that, had they foreseen the tactics which were adopted, they would have made themselves heard on the occasion. An amendment was moved and carried, which left out of the original motion the words "in Arts," and thus recommended the admission of women to all degrees! We do not know what can be said in favour of this extraordinary procedure in Convocation, or what value can be put upon it, seeing the meeting and the majority were alike insignificant, the numbers being 33 to 26. On two occasions, then, has Convocation expressed itself favourable to the admission of women to the degrees of the University, and yet in the face of the above facts certain sections do not hesitate to declare that Convocation has repeatedly declared itself in favour of the admission of women. The truth is, that not once in a fair meeting has Convocation expressed such an opinion. We will follow the history of this business. The Senate of the University refused by a large majority to admit women to its degrees, and no one expected that it would in a year or two reverse its policy. Every one who took any interest in the matter believed the subject to be settled and at rest; but a couple of years had worked wonders. In the autumn of 1876 a lady applied to the Senate for admission to its medical degrees, and the result showed that the opinions of the Senate had completely changed. But here, again, a vote taken in the Senate on the question of the admission of women to medical degrees was scarcely fair. No notice was given of even the discussion of so vital a subject; on the contrary, quite unexpectedly on the part of many senators, it was agreed to adopt RUSSELL GURNEY'S Act. The House consisted of twenty-one members—certainly not one of the largest on record. Then came a proposal in Convocation in May last to thank the Senate for its decision to admit women to medical degrees. Unintentionally, the supporters of the Senate thus challenged the medical graduates, and others who think with them; these graduates came for the first time in force, and the vote of thanks was rejected by 142 to 129. Interpret this vote as one may, it is plain that by it Convocation declared itself against the admission of women to degrees in Medicine. The amendment moved, to the effect that the whole question be deferred, was carried by a larger majority (144 to 116). Notwithstanding these expressions of opinion, the Senate, at its meeting in June last, paid no regard to Convocation, and in consequence an extraordinary assembly of that body took place on July 27th. It is unnecessary to recapitulate the votes taken on that occasion. In three divisions, the action of the Senate was condemned by large majorities in a House as full as any ever known. Is not the Senate of the University of London bound by its trust to abandon, without further argument, and without reservation, its recent action? Remembering the gravity of the situation, we say explicitly that the Senate ought to do this, or it must sacrifice the prosperity of the University, and certainly not add to its own dignity. The Senate is not warranted in declaring as it has done, that it followed the wishes of Convocation; it cannot, after the events of the last six months, declare that Convocation has not expressed opinions against the admission of women to degrees in Medicine. It has the chance of withdrawing from a false position with dignity, and we cannot but think its answer to the deputation of the Annual Committee, which it has agreed to receive on Wednesday next, will be in accordance with the desire of Convocation, and free from such reservations as no body of men could entertain and at the same time preserve its self-respect.

THE sanitary works now being carried out at Marlborough House amply justify the observations we made three months ago, when, at the time of Prince ALBERT VICTOR'S illness, we directed attention to the probable state of the drainage of that residence, and ventured to suggest that the source of the Royal child's illness would be found in Marlborough House, and not at Sandringham, as was then commonly averred. The explorations which have already been made in the basement have shown that at the time when the house was prepared for the residence of the Prince of WALES no proper examination with respect to the existence of old drains and cesspools was made, and that the drainage works carried out were more of a patchwork than we had suspected. In fact, there is now no doubt that the Prince of WALES and his family have been living under sanitary conditions which would be imperfectly paralleled had Marlborough House been built over a northern middenstead. We believe, in fact, that the middenstead is too savoury a comparison, and that we ought to apologise to the northern filth-receptacle for putting it into such evil company as to nastiness with the basement of Marlborough House. There is reason, moreover, to believe that the filthy state of the basement was, in part, a legacy from the ancient Friary which occupied the site of Marlborough House when it was granted to the Duke of MARLBOROUGH by Queen ANNE in 1709, and was then inhabited by the

Countess DU ROY. Let it be known, however, that there is literally no one to blame for all this, except it be everyone. The condition of the basement of Marlborough House is the condition probably of most ancient mansions in London. Nothing short of an explosion of fatal disease will induce even the highly educated among us, as a preliminary to setting their houses sanitarily in order, when old ones, to spend the few pounds requisite for a thorough exploration in view of pre-existing drains and cesspools. At the present time we know of an old mansion converted to hospital purposes in which the managing body deliberately set aside the urgent recommendation of its architect for such exploration, and inaugurated its work among the patients and staff with an outbreak of disorders traceable to sewer and cesspool air which affected everyone in the building. If the occupants of Marlborough House have escaped lightly, it is because the house happily early stank so much that Mr. ROBERT RAWLINSON had to be called in, and to his ingenious devices and rectifications of obvious evils the escape of the Prince of WALES's family, until the recent occurrence of typhoid to Prince VICTOR, is to be attributed. Now, of course, the basement of the house will be put into as thorough order as concrete and proper drains will bring about. But the difficulties of draining the house are numerous. Built before Boards of Works were thought of, and when cesspools alone were contemplated, its basement stands at a level which makes an outlet into the existing system of metropolitan sewers a work of considerable difficulty, and it is to be feared, indeed, that its drainage outlet must still be into some old parish sewer. The works are being carried out under the Government Office of Works, and, strange to say, Mr. ROBERT RAWLINSON, the *facile princeps* of official engineers—the tutelary (sanitary) genius of Marlborough House—does not appear to be associated with that Office in the works now being executed. There is an exaggeration of official perversity in this which calls for the gravest reproof, and we trust that it will be a matter of question in the House of Commons when Parliament meets. The Office of Works has not the confidence of the outside public in its sanitary doings, and we hope that the Prince of WALES's advisers will at least insist on its schemes for putting Marlborough House in sanitary order being submitted to Mr. RAWLINSON before His Royal Highness and family again enter its doors.

Annotations.

"Ne quid nimis."

ENTERIC FEVER IN LONDON.

WE referred last week to the number of cases of enteric fever under treatment at some of the hospitals, notably at St. Thomas's and Middlesex. We have not as yet been able to ascertain what is the number at the Metropolitan District hospitals. We understand that the number of cases at St. Thomas's continues the same, two deaths having occurred, and two new cases admitted. The cases at this hospital are many of them of unusual severity, characterised by sudden onset, with giddiness, severe headache, in some cases vomiting, early and persistent high temperature with comparatively slight remission during the earlier days, and a large proportion of cases with little or no diarrhœa. There has also been a tendency to severe relapses. In one of the fatal cases there was great swelling and prominence of all the Peyer's patches, but no ulceration; in the other the fatal issue was due to diphtheritic exudation in the larynx, with broncho-pneumonia, in the third week of the disease.

At Middlesex the type of the disease appears to be somewhat different, and there is only one fresh case since last week. The onset has usually been gradual and progressive, the eruption has been ill-defined in several cases, diarrhœa has not as a rule been severe, and there has been no special tendency to very high or persistently elevated temperatures. But a tendency to severe relapses at a late period has been observed. In one case the onset was very sudden, and the temperature high from the commencement. All the cases have come from Marylebone and St. Pancras districts, and the number of cases has been greater at an earlier part of the season than at present.

It might be supposed that the excessive number of cases in St. Thomas's was due merely to the period of the year, when enteric fever is always more common; but we understand that this is not the case, and this is also indicated by the fact that it has been found necessary to open special wards. It is stated that no number at all approaching the present has been in the hospital at any one time since the epidemic in 1873. Then, however, a number of the cases came from Marylebone, and their cause was distinctly traced to infected milk supply. Now the cases are nearly all from Lambeth and the low-lying districts on the south of the Thames, and the limitation of the disease is clearly shown by the fact that there was not a single case under treatment at the Westminster Hospital last week, whilst St. Thomas's had so large a number. It seems very desirable that some inquiry should be set on foot to ascertain, if possible, the source and mode of spread of the present localised outbreak.

THE POPE AND MEDICO-PSYCHOLOGY.

PIO NONO has always taken a special interest in the treatment of the insane. When Bishop of Imola he greatly improved the condition of the lunatic wards of the Imolese Hospital, and when elected Supreme Pontiff he contributed large sums, from his own private means, to the amelioration of the Santa Maria della Pietà, of Rome. Even amid the turmoil of 1859-60, during events so disastrous to his temporal sovereignty, he continued to enlarge and enrich the stately asylum which now forms one of the most noteworthy places of interest on the right bank of the Tiber. Rome, indeed, enjoys a historical celebrity in the accommodation and cure of the insane. Within her walls rose the first asylum, or "manicomio," as Italians call it, in Europe, thanks to a priest, Fernando Rinz, and two laics, Diego and Angela Bruno. This institution had its place in the Piazza Colonna, and was in great repute as early as 1548. On the death of its founders, there was formed a confraternity for its superintendence, and this brotherhood was put under the protection of a cardinal of the church. Two centuries afterwards the institution was abandoned as inconvenient in site and inadequate in size, and Pope Benedict XIII. caused another to be erected at the end of the Lungara, in the Trastevere. Its governors were the prelates, entitled "commendatori di Santo Spirito"; Leo XII. made important additions to it; and his two immediate successors, Pius VIII. and Gregory XVI., introduced many improvements. The great French alienist, Esquirol, on coming to Rome, in 1835, expressed himself pleased with the treatment there bestowed on the insane, only regretting that it was not on a larger scale. Pio Nono, on acceding to the

throne, remembered the French physician's "desideratum," and added to the hospital the vast Villa Cecchina, which rises on the Janiculan, and was the property of the Princess Barberini. He then extended the building by thirty mètres more, incorporated with it the houses of the Porto Leonino, and enlarged the gardens on the banks of the Tiber. The expense of all this was enormous; but the Pope did not shrink from it, but defrayed it from his privy purse, furnishing means, moreover, to the architect, Francesco Azzurri, to visit the chief asylums of Europe, and to complete his designs in the years 1861–64. Thus, wrote Dr. Benedict Viale-Prelà in 1864, Rome possesses an asylum second to none in Italy, and surpassed by few in Europe.

THE NEW CROWN REPRESENTATIVE IN THE GENERAL MEDICAL COUNCIL.

THE removal of Professor Lister to London necessitated his resignation as representative of the Crown for Scotland in the General Medical Council. It is reported that the Crown has selected Dr. Andrew Fergus, of Glasgow. The nomination is another compliment to Glasgow. Dr. Fergus is to be congratulated on this appointment. It is not a slight honour to represent the Crown, and, in doing so, to succeed such men as Sir Robert Christison, Dr. Begbie, and Professor Lister. Dr. Fergus is, we believe, in general practice in Glasgow, where, indeed, pure consultants are scarce. He is a graduate of Glasgow and President of the Faculty of Physicians and Surgeons, and the author of various contributions on questions in therapeutics and sanitary medicine. He is also Examiner for Degrees in Medicine in the University of Glasgow. Some critics will be surprised and disappointed that a teacher of eminence has not been selected. We do not share that feeling. The Council is rich enough in eminent teachers, but it is not over well off in the sense of containing men who know the work of general practice. During last session it seemed doubtful whether any of the members were familiar with the nature of midwifery practice. Considering that the chief duty of the Medical Council is to secure for the State a body of well-educated general practitioners, we think the number of intelligent practitioners in the Council might be advantageously increased. The corporations are not to be relied on for such a change in the General Medical Council. It is the more satisfactory to see that the Crown is setting them an example.

THE GOLDEN-SQUARE HOSPITAL.

ON Monday last the Council of the Hospital Sunday Fund met to consider *inter alia* the answer to be made to a request by the Committee of the Hospital for Diseases of the Throat to be allowed to send a deputation to be heard in explanation of certain charges of mismanagement instituted at the request of H.R.H. the Prince of Wales, the patron of the hospital. It may be remembered by our readers that the award recommended by the Distribution Committee to be made to this hospital out of the fund of this year was withheld by the Council in August on the ground of an impending investigation into the charges above referred to. Some members of the Council were of opinion that as these charges involved no questions of a financial nature they were not fit to be considered by the Council. On the other hand, it was pointed out that the laws of the constitution of the fund required that the merits, as well as the needs, of the various institutions should be inquired into by the Distribution Committee. The case was the more difficult as the Distribution Committee had done its work, and virtually ceased to exist. The general feeling of the Council was that, as it had taken on itself the responsibility of temporarily withholding the award made by the Committee, it should, on its own responsibility, come to a final decision on the subject, after duly considering the official report of the committee of investigation. After hearing this report, the Council very promptly agreed to the motion of Dr. Bennett, seconded by Dr. Sedgwick Saunders, "That this Council, having heard read to them the report of the committee appointed to investigate certain charges made against the management of the Hospital for Diseases of the Throat, and signed by the Duke of Grafton and others, resolve that in existing circumstances the award recommended by the Distribution Committee be not sanctioned by the Council." It is obvious that one of the most useful functions of the Hospital Sunday Fund is to stimulate good management and to discourage bad, and in view of the unfavourable impression created by the facts adduced by the investigating committee, there can be no doubt that in withholding the grant for this year the Council has made a right use of its influence.

EUCALYPTUS GLOBULUS.

IN *Nature*, for Oct. 25th, there were some interesting notes taken from a report on the culture of Eucalyptus in Algeria, by Consul-General Playfair. The first trees were planted in Algeria in 1862, and such was the rapidity of growth that, upon being measured in 1874, they gave a circumference of forty inches from the ground of about fifty-seven inches; another tree of eleven years' growth was nearly as large, and another, planted in fresh alluvial soil nine years ago, measured about sixty inches. Much attention has been paid to the sanitary effects of eucalyptus, an inquiry having been specially instituted by the Society of Physical and Natural Sciences in Algeria, under the presidency of Dr. Bertherand. Reports were received from thirty localities, all of which spoke favourably of the eucalyptus as a fever preventive. On the banks of Lake Fetzara, near Bône, 60,000 young trees of eucalyptus globulus were planted in 1869. These are now considerably over twenty feet in height, and have produced marked beneficial effects in the locality. Such was the dangerous state of this district on the annual fall of the water and the denudation of the banks, that the director of the Jardin d'Essai, who went to examine the condition of the plants, was immediately seized with violent fever which lasted twenty days. This gentleman now reports that the miasmatic influences which affected him so strongly have disappeared, and that the mosquitoes which rendered the place uninhabitable have disappeared with them. At the iron mines of Mokta et Hadid it was formerly impossible for workmen to remain during the summer; those who attempted to do so died. The Company was therefore obliged to take the labourers to the mines by train every morning, and carry them back to Bône at night, a distance of twenty miles each way. From 1868 to 1870 the Company planted 100,000 eucalyptus trees, and now the workmen are able to live all the year round at the works. Consul Playfair believes that the improvement in the climate from planting eucalyptus trees may be thus accounted for:—"In some places the trees destroyed miasma by utilising the moisture of the soil in which they were planted, and thus draining the marshes; the emanations from their leaves may also have produced a salutary effect. They contain a large quantity of essential oil, very similar to turpentine, which they emit in great quantities, especially when stirred by the wind, and this acts, it is supposed, as a febrifuge." It is further stated that large numbers of trees have been planted along the railroad from Algiers to Oran. Where the line passes through the Metidja the trees have grown most successfully, but in the Chelif they have proved almost an entire

failure, owing, it is suspected, to their receiving no attention after being planted.

VOLUNTEER AMBULANCE SERVICE.

We have been informed that the Government has sanctioned the formation of a "Volunteer Sick Bearers Association" in connexion with the Reserved Forces. This is another step in the right direction. Should the services of our volunteers ever unfortunately be required there can be no doubt that they will go into action with more confidence if they know that in the event of any casualty occurring to them efficient skilled assistance is close at hand, and that they will not be left on the field to die slowly by hæmorrhage, or to remain for hours helpless, suffering and unaided. It is proposed that the corps shall be formed by obtaining two men per company from each of the volunteer regiments, to be instructed in the primary dressing of wounds, the methods of stopping profuse bleeding, and removal of wounded men from the field to ambulances in the rear promptly and with the smallest possible discomfort. A series of lectures on these subjects is to be delivered at the Society of Arts at the end of the present month and in December, and will be followed by practical instruction under the superintendence of Surgeon-Major Staples, A.M.D. The system proposed appears to be taken from that adopted in the Prussian army, but it may be worthy of consideration whether it would not be more advantageous to organise the men into a distinct corps for each of the military districts, instead of a few men attached to each regiment. This would have the advantage of creating an *esprit de corps*, of rendering the instruction and consequent action more uniform, and removing from commanding officers the temptation which would otherwise exist to utilise the men as fighting men, instead of employing them in the duties for which they have been specially trained, and are specially required. We commend the movement to the active support of all who are interested in the welfare and efficiency of our national defensive force.

THE SALE OF DISEASED MEAT.

Under the heading "Strange Conflict of Testimony," a Liverpool paper reports an application made to the stipendiary magistrate of Birkenhead by Dr. Vacher, the medical officer of health of that town, and the inspector of nuisances, for the destruction of the carcass of a pig alleged to be diseased and unfit for human food. Dr. Vacher had had his attention called to the carcass, and had examined it on the premises of a pork-butcher. He found that there were large blotches from extravasation of blood beneath the skin, and had no doubt that the animal was suffering from "spotted fever" when killed. The intestines had been removed, or he would probably have found other positive evidence of the malady the animal had suffered from. The disease was contagious, and he unhesitatingly stated that the flesh was unfit for human food. To rebut this evidence, the market superintendent (!) and two veterinary surgeons were brought forward, who swore that the animal had *merely* suffered from a skin eruption, and that the flesh was quite fit for human food. At this stage of the case the viscera were produced and were examined outside the court. Dr. Vacher found both the stomach and the intestines inflamed, but this was denied by the three witnesses last named. Then three butchers were brought forward, who deposed that the carcass was quite fit for food, and one of them innocently added that he had seen pigs exposed for sale in a much worse condition. The stipendiary magistrate, however, from the evidence of his own senses, pieces of the carcass being submitted to him, had no choice but to endorse Dr. Vacher's opinion, and ordered the carcass to be destroyed. Indeed, it could not well be otherwise; for the conflict of testimony was only such conflict, neither new nor strange, as must exist between skilled knowledge on the one hand and prejudice and ignorance on the other.

VERTIGO AND EPILEPSY IN ANIMALS.

It is a well known fact that domesticated animals are liable to be affected by epilepsy and vertigo. The dog and the horse are particularly so. A paper in the *Veterinary Journal* for October, by Mr. George Fleming, editor of the journal, may be read with interest, though it does not add much to our knowledge of the essential lesions of epilepsy or vertigo. Mr. Fleming, indeed, says that nothing in the pathological anatomy of the disorder has been found to explain, in every case, the occurrence of the paroxysmal seizures. In one well-marked and well-described case of the "staggers" in a carriage horse, which had to be destroyed, nothing abnormal was detected, except marked anæmia of the brain and medulla oblongata, the lumen of the larger arteries of which appeared to be considerably diminished. The brain tissue itself had a peculiar yellowish tint, and it was more dense than usual. In other instances there may be found hyperæmia. He reports several instances of recovery. He observes repeatedly that epilepsy and vertigo in the horse happen rather when he is in harness, when the freedom of the circulation through the head is in more danger of being interfered with. Another curious point in regard to momentary vertigo in the horse is its occurrence, in many cases, on particular roads, and nearly always at the same place. In human beings such a fact would lead to a very suspicious view of the vertigo.

SUDDEN DEATH IN CHILDREN.

We publish in another column a series of cases, reported by Dr. Pearson Irvine, illustrating the need of precise pathological investigation as to the "cause of death" in instances of the alleged "overlaying" of infants. The question raised is of great practical interest, and Dr. Pearson Irvine has done good service by bringing it under the notice of the profession. Either from ignorance or indifference, parents and others having the charge of young children do not, as a rule, throw much light on the previous history of infants who die suddenly. It would be wrong to assume the existence of a criminal intent to deceive in every instance in which satisfactory information is not forthcoming, but there is too great reason to fear that in the multitude of such cases justice sometimes goes astray. Moreover, apart from the legal question involved, there is the consideration that many needed lessons of wisdom are lost by the failure to discover the real cause of death. Sometimes, as in one, at least, of the cases recorded in Dr. Pearson Irvine's paper, the cordials administered to infants, with kindly motives, are of a nature to destroy the young life. It is only by eliciting "the facts" occurrences of this class can be made useful as warnings to parents who blindly follow the too prevalent bad routine of child-rearing, in which the practice of dosing with gin and peppermint or cloves is more common than may be supposed. Coroners should exercise especial vigilance in the search for the *real* cause of death in all cases of children dying suddenly. The description "overlaid" is a wide one, and will cover a multitude of errors of omission and commission in the matters of domestic drugging and general management. It is well that attention has been directed to the subject. We trust it will not be without its effect on the method in which inquests are conducted, and the character of the medical evidence required.

A MEDICAL CORONER FOR DEVIZES.

ACCORDING to the *Wiltshire Times*, the coronership of Devizes is about to become vacant by the resignation of Mr. H. K. Norris, and our contemporary goes into a most sensible discussion of the question whether a coroner should be a member of the medical or of the legal profession. He decides in favour of the medical—the conclusion to which the public is coming in most places. We strongly urge the inhabitants of Devizes to elect a medical coroner, on the ground that he is far fitter, *cæteris paribus*, to preside over a simple inquiry into the cause of death than a coroner having no practical knowledge of the causes of death. We commend to them the moderate article above referred to. The profession will, we trust, act with unanimity in this matter. They can do much: they should, first, select a good candidate; and, secondly, agree to sink all differences and support him.

MIDWIFERY WORK.

IT is curious to speculate on the amount of midwifery work that can be done by one practitioner. Lately our attention has been directed to an instance in which twelve cases a week, or over six hundred a year, were attended in one practice. The practitioner naturally enough required a holiday, and engaged a *locum tenens*. He promised the *locum tenens* a "very easy time of it," as it was the slack season and summer-time. To the surprise of the *locum tenens*, he found thirty visits daily had to be paid, he was up every night with midwifery, and on one occasion had three cases in the twenty-four hours. Opinions would differ, of course, as to what constitutes "a very easy time of it." To our thinking such work is almost incredible, and we are disposed to look upon the man who can do it as a sort of prodigy. Probably it is not done alone by one man. Certainly no one individual should do it. Half this number would exhaust the powers of an ordinary man, especially when added to the usual work of general practice. Even half the number of cases generally implies an assistant or a partner. Then it would be curious to know what the average stay with a patient in labour is. There must be a good understanding with patients that they are not to send till an advanced stage of the case. We are really curious on the subject. While confessing to thinking strongly that such an amount of obstetric duty is bad both for the patients and the accoucheur, we should be glad to know how it is accomplished; what amount of sleep falls to the practitioner; with what frequency instruments are used; what is the proportion of cases in which the child is born before his arrival; how long the work can be done by one man without obligation to his neighbours or the help of an assistant; and what is the number of years over which it can be extended without injury to health.

LITERATURE FOR FEVER PATIENTS.

THERE can be no doubt that any quantity of disease-carrying particles may and very often do lurk between the leaves of books, newspapers, &c., which are read by fever patients. A constant supply of literature for the wards of a fever hospital, or for a fever patient in a private house, is certainly necessary, and there is also no doubt that all literature finding its way into a fever ward ought to be burnt in the ward itself, and should on no account be brought out of it again. A fever library should be ephemeral, and no book should be allowed to remain in it more than a certain time, but should be ruthlessly thrown upon the fire as soon as it has done the good work of whiling away the tedious hours of convalescence. Magazines, newspapers, cheap paper-bound novels, and the books of the Bible in the form of separate pamphlets are suitable works for fever patients; but any book of so costly a nature as to cause a pang at burning it must be regarded as rather dangerous in a fever ward.

DR. MATTHEWS DUNCAN.

THERE is one advantage accruing to a man who leaves a city in which he has made his mark. He ascertains the nature and depth of the feelings entertained towards him by his fellow-citizens. There are few cities harder to leave than Edinburgh, especially in the case of men who have moved freely in its intellectual circles. This is Dr. Matthews Duncan's case. Judging from the report of a dinner given to him by his friends, at which nearly all the principal men of Scotland were either present or represented by letters, the case must have been one of considerable laceration. His name is already a familiar one in London, where men will endorse the praise of Professor Maclagan, who presided at the dinner, as to the precision, exactness, and scientific basis of Dr. Duncan's contributions to obstetric literature. The man who can be so entertained, and who has such views, may safely exchange one metropolis for another, and an extra-mural position in Edinburgh for a responsible chair in the greatest school in London.

CURARA IN HYDROPHOBIA.

THE suggestion which we made in some recent remarks on hydrophobia, that it would be well if a supply of curara were made readily accessible, has had a prompt result. We have received from Messrs. Gale and Co., 15, Bouverie-street, Fleet-street, a sample of a preparation which they have made, of which every five minims contain half a grain of curara. They recommend this as a dose, but it is perhaps larger than would be safe to employ in the first instance, since different samples of the poison differ very much in strength, and probably some individuals are more susceptible to its influence than others. It would be well to commence with an injection of two or three minims of the solution. We ought, before long, to know whether the agent is of any real use in the disease. A supply could be obtained in most parts of the country in a few hours. The price of the solution is trifling, and practitioners in a district where cases of hydrophobia or canine rabies have occurred should provide themselves with it that it may be promptly employed in case of need.

A SOLDIER'S GIFT.

GENERAL LA MARMORA—the hero of the Tchernaja, when Piedmont, allying herself with England and France in the Crimea, earned her right to sit in the Congress of Paris, and so laid the foundation of Italian unity—has added another to the many claims he possesses on his country's gratitude by a munificent donation to the great hospital of San Giovanni, in Turin. A skilful strategist and an intrepid soldier, whose chief laurels were gained in Italy's battles of independence from 1848 to 1866, he always had, like Wellington and Von Moltke, the tenderest heart for suffering humanity, whether in the field-ambulance or the city hospital; and this noble trait has just found fresh illustration in the gift of fifteen thousand lire annually and in perpetuity to the chief medical charity of the subalpine capital. By the recent death of his wife he inherited a vast fortune, and he has lost no time in dedicating it to the cause which the true soldier has as much at heart as the true civilian, the good of his fellow-men. The Sardinian kingdom has been singularly fortunate in a noblesse whose patriotism takes so many practical forms, and which, in members like General La Marmora and the Duke di Galliera,

can show such illustrious examples of munificence at once so princely and so well-bestowed. Thanks to the subsidies of these two noblemen, the medical school of Turin will, ere long, possess advantages to which few of her academic sisters in Europe can afford a parallel.

THE WESTMINSTER HOSPITAL.

THE alterations which have been in hand now for some months are in a fair way towards completion. They would have been completed some weeks since had not the work been brought to a standstill by the masons' strike, which has had such a paralysing effect upon all building operations in the metropolis. When the masons struck, the bricklayers also refused to continue their operations, so that at present little or no progress is being made towards that completion, which, although in view, may be really further off than anyone can say. A few of the wards on the second floor are sufficiently advanced for occupation, and the out-patient department is open for the reception of patients, but with these exceptions the building remains closed. The alterations are tolerably extensive, and are no doubt an improvement to the building, but we withhold further comment until the completion of the work enables us to make a thorough survey of them.

MEDICAL BIBLIO-BIOGRAPHY.

WE reproduce the following from the *Gazette Médicale de Paris*:—"Our friend and colleague Dr. Dureau, assistant-librarian to the Académie de Médecine, who for the last twenty years has been collecting materials for a general bio-bibliography of medicine, begs those of our *confrères* with whom he has not yet corresponded to be good enough to aid him in the exactness of his great work by sending him the complete list of their works—books, memoirs, and articles in journals. Our colleague will shortly publish a bibliographical index of the works on medicine printed in Europe from A.D. 1450 to 1550. He would be grateful to those of his medical brethren who may be the happy possessors of rare works or scarce editions of this period if they would be good enough to mention them to him. He will willingly give them all the information which he may already possess on the said works. The second part of the index will comprise the rare works from 1551 to 1600, and so on. We beg our foreign contemporaries under whose observation this notice may come, to be good enough to reproduce it."

MUCH ADO ABOUT NOTHING.

FROM a paragraph which appeared in some of the newspapers on Tuesday last, one would imagine that a most formidable *émeute* had taken place among the students of the Charing-cross Hospital on the preceding day—the 5th of November—and that not only had the authorities of the hospital been set at defiance, but the progress of the law itself delayed, and the personal safety of one of its officers—Mr. Bedford, the coroner—imperilled. We are glad to be able to state, on the assurance of a member of the hospital staff, that the published account of the affair was highly coloured and exaggerated. What really took place amounted to little more than a slight display of exuberance of spirits among the first year's men—youths just up from the country. They were quite unaware that an inquest was about to be held, or that the people hanging about the hall were witnesses in the case; and, on the fact becoming known, a very earnest apology was immediately tendered to Mr. Bedford. Granting that the exhibition was unwise and unworthy of students of medicine of the present day, it is satisfactory for the credit of the school to find that it by no means attained to the dimensions ascribed to it.

ALLEGED DEATH FROM VACCINATION.

A CURIOUS case has recently occurred at Bradford, in Yorkshire, in which an inquest was held on the body of a child, aged five months, alleged to have died from the effects of vaccination. In this instance the allegation was made by the medical man who had been in attendance upon the child, and who gave a certificate in which the causes of death were stated to be—first, primary vaccination; secondly, erysipelas; and thirdly, thrush. A post-mortem examination disclosed the facts that the cause of death had been intussusception of the small intestines, and that there was no trace of erysipelas or inflammatory action about the vaccination scars and the vaccinated arm. The jury returned a verdict to the effect that the child had died from natural causes—namely, intussusception. They expressed also the opinion that vaccination had had nothing to do with the death.

THE EPIDEMIOLOGICAL SOCIETY.

THE Epidemiological Society will open its session on Wednesday evening next, the 14th inst., when the new President, Surgeon-General John Murray, M.D., the Nestor of the Indian Medical Service, will deliver an inaugural address. It must be close upon half a century ago since Dr. Murray began his medical career in India, and now in his retirement, after having passed through the highest grades of the service, he takes the chair of the learned society with which his studies have most closely bound him. It is understood that his address will be mainly devoted to a review of the question concerning the influence of season on the development and diffusion of epidemic diseases.

FRAMLINGHAM COLLEGE, SUFFOLK.

AN outbreak of scarlet fever, which occurred here eight weeks since, has now assumed a very serious aspect. There are between sixty and seventy cases of it, and several boys are very ill with dropsy and uræmia, &c. Dr. Bartlet and Dr. Elliston visited the College in the early part of the week to consider the question of closing the College shortly. Dr. George Fletcher, of Earl Soham, was requested last Saturday to undertake the post of medical officer of the College during the rest of this term, and from that time has been in attendance night and day on the whole of the boys, and, though there are many serious cases, yet, it is hoped, none will end fatally.

THE "NOXIOUS VAPOURS COMMISSION."

THE Commission on Noxious Vapours has nearly concluded its labours, and the report is being prepared. We venture to hope it will deal boldly with the subject in hand. It would be a great misfortune if the work accomplished, and the information gained, were rendered nugatory by a lame attempt to smooth difficulties in the way of manufacturers who may need to adopt costly remedies. The claims of public health must be held to be paramount, and no possible "consequence" of the recommendations to which the evidence of science or fact points should deter the Commission from giving a candid and full award.

THE deaths in London last week were 1447, showing a mortality-rate of 21·4. Scarlet fever was the most fatal of diseases of the zymotic class, accounting for 82 deaths, against 64 in the previous week. To measles were attributed 47 deaths, to small-pox 9, to diphtheria 9, to whooping-cough 24, to different forms of fever 39, and to diarrhœa 19. Thus to the seven principal zymotic diseases 229 deaths were referred, against 214 and 241 in the two preceding weeks. Diseases of the respiratory organs were less

fatal last week, 335 deaths being registered under this head, against 371 in the last return.

SIR WILLIAM MUIR, the Director-General of the Medical Department of the Army, has, we regret to learn, been seriously indisposed. We have great satisfaction in being able to announce that he has recovered, and is able to resume his important duties.

THE PROVINCIAL MEDICAL SCHOOLS.

HAVING already published the return of medical students pursuing their professional studies at the metropolitan hospitals for the present session, showing a large increase over the number of 1876, we now publish a similar return from the annual report just forwarded to Mr. John Birkett, the Government Inspector of Provincial Anatomical Schools, by the Royal College of Surgeons, from which it will be seen that there is also a good increase at some of these institutions for the present session and a large total over the last:—

	1877.	1876.
Owens College, Manchester	114	110
Leeds School of Medicine	69	54
Liverpool Infirmary School of Medicine	50	53
Cambridge University School	28	42
Durham University Coll. of Medicine	37	31
Bristol Medical School	34	40
Queen's College, Birmingham	57	34
Sheffield Medical School	22	17
Total	411	381

It will be seen that there is an increase of 23 at Birmingham, 15 at Leeds, 6 at Durham, 5 at Sheffield, and 4 at Manchester. The schools which have fallen off are—Bristol by 6, and Liverpool by 3. The total number of provincial students this session is represented by 411, against 381 last year, being an increase of 30. The total number of gentlemen, therefore, who have duly registered themselves at the Royal College of Surgeons as pursuing their professional studies at the recognised metropolitan and provincial schools is represented by the large number of 2333, being an increase of 208 over the corresponding period of last year.

The following comparative table exhibits the number of medical students in the metropolis and in the provinces from 1867 to 1877 inclusive:—

Year.	Metropolitan.	Provincial.	Total.
1867	1125	257	1382
1868	1194	284	1478
1869	1241	330	1571
1870	1298	357	1655
1871	1475	368	1843
1872	1406	402	1898
1873	1650	455	2105
1874	1745	453	2198
1875	1769	398	2167
1876	1744	381	2125
1877	1922	411	2333

The present year, therefore, represents a larger total than has been known since the establishment of the registration, which we are now informed is abolished, to the great satisfaction of metropolitan and provincial teachers and students, as well, we should think, as of the college officials, especially Mr. Stone, upon whom the duty has devolved for nearly a quarter of a century of registering the large army of young doctors, as shown above, who have passed through his office.

THE managers of the Western Infirmary, Glasgow, have instituted a department for Diseases of the Ear, under the charge of Dr. Thomas Barr.

Correspondence.

"Audi alteram partem."

HYDROPHOBIA.

To the Editor of THE LANCET.

SIR,—In THE LANCET of October 27th reference is made to an astounding statement made by Inspector-General Balfour to this effect: that of eighteen persons bitten by a rabid dog, the wound of one was excised, and cauterised freely by a blacksmith's iron; two years afterwards this man remained well, but within three months of the bite the other seventeen bitten persons were dead. This enormous fatality is so unique that I shall deem it a favour if you can refer me to the Inspector-General's statement. I venture to trouble you on this matter because a paper of mine on Rabies and Hydrophobia will appear in the next issue of the *Nineteenth Century Review*.

I remain, Sir, very faithfully yours,

THOMAS WATSON.

Henrietta-street, Cavendish-square, Nov. 5th, 1877.

*** Inspector-General Balfour, in his letter, which appeared in our issue of Oct. 20, p. 599, relates a case which fell under his observation "about the year 1861 or 1862;" in connexion with this case the statement to which Sir Thomas Watson refers—namely, "that of some seventeen or eighteen persons bitten at the same time not one was then alive," appears to have been made to Inspector-General Balfour by "a friend." We have no means of attesting the narrative.—ED. L.

"BIOGRAPHY EXTRAORDINARY."

To the Editor of THE LANCET.

SIR,—I shall be obliged by your allowing me to state that the biography to which you referred in your last number was written and published without any consent or knowledge of mine. I have not seen the journal, and I have no reason to believe that I know either its editor or the writer of the article, or any one connected with either of them. Perhaps I might venture to believe that no one would think me likely to sanction the publication of my life, or anything of the kind, but I am not willing to let the least doubt exist on this matter. I therefore beg you to allow me to state plainly my complete disapproval of the publication to which you have drawn attention, and my belief that all such things are very injurious to the reputation of our profession.

I am, Sir, obediently yours,

JAMES PAGET.

Harewood-place, Hanover-square, W., Nov. 5th, 1877.

"HYSTERICAL ANÆSTHESIA."

To the Editor of THE LANCET.

SIR,—Will you spare me space for a few observations on the very interesting discussion which arose at the last meeting of the Clinical Society of London upon a case of hysterical anæsthesia, communicated by Dr. Henry Thompson, and a paper by Dr. Coupland on the same subject, in your last issue (THE LANCET, Nov. 3rd).

The preliminary question raised may, I conceive, be stated with sufficient clearness by converting one of the many perspicuous statements in Dr. Coupland's able paper into a syllogism, thus:—1. A protean malady can have no simple etiological foundation. 2. Hysteria is a protean malady. 3. Therefore hysteria can have no simple etiological foundation.

I join issue on the major premiss. A "malady" is a *state* compounded of objective and subjective departures from the normal, some of which constitute symptoms. It is a purely arbitrary act, justifiable only on the ground of convenience, to give two cases of the same so-called *disease*, a common name. The conditions are never identical, and it is not possible, in any scientific sense, to do more

than make out a degree of similarity which will sanction the use of a common term. The practice of grouping cases and distinguishing particular combinations of symptoms by terms more or less intelligently applied, is, of course, necessary, but we must never lose sight of the fact that calling a series of phenomena "hysterical" does not make it so. I am not thinking of gross errors of diagnosis, but of cases well worked out, still not on that account identical. When, therefore, we speak of a "protean malady," it is needful to bear in mind that we are fully as likely to be making out the quality of proteanism, by a Frankenstein process, as recognising varieties of the same so-called disease. The caution to which I would point is indispensable in dealing with hysteria in all its manifestations, or, as I prefer to say, the varied physical and mental disturbances commonly associated under the term "hysterical." In a medical sense, therefore, we must, I think, reject the postulate which Dr. Coupland offers when he says, "Clearly so protean a malady (as hysteria) can have no simple etiological foundation." Meanwhile, I am quite prepared to admit that "it is but a confession of ignorance on our part to refer it invariably to a single source." I was not aware that physicians did refer hysteria "invariably to a single source," but perhaps that is a proof of my ignorance; so pray let it pass.

We know little or nothing of hysteria; and I venture to think our information is scarcely likely to improve while symptoms are raised to the level of diseases, and contingent phenomenal disorders are treated as primary affections—for example, so long as physicians report cases of "catalepsy," as though the cataleptic condition could be pathognomonic. In nineteen out of twenty cases of what is roughly called "mental disease" the cause is physical, and the mind symptoms are reflexly induced. Nevertheless I think pathologists fail in ignoring the purely mental phase of morbid action; and, while they are not slow to recognise the physical causes of mind symptoms, they are too prone to overlook the possibility of direct mental causation of disordered states and disturbances which seem wholly physical. This may sound like an old story, but it needs to be recited in a new form.

Dr. Henry Thompson, as I understand the controversy, recognises the presence of mental forces as elements in the production of the state called hysteria. Dr. Althaus discards the hypothesis of their operation when he can exclude the presumption that patients intentionally or consciously deceive themselves or others. In fact, he does not conceive it possible that mental forces should act without the cognisance of the subject. Dr. Broadbent would seem to be open to conviction, but finds himself face to face with a difficulty he cannot surmount. Mr. Brudenell Carter would be in the same predicament, but, being a bolder man, he takes the obstacle at a flying leap. His solution of the problem may be paraphrased thus: "What you cannot understand do not believe; set the mystery down to the imagination of the patient, or his wilful and ingenious imposture." This is a facile mode of reasoning, but it is not scientific. In short, Mr. Brudenell Carter's hypothesis of deception had no place in the argument. If the "facts" were fictions, no more needed to be said on the subject, except perhaps to point out the stupidity of the observers duped. I must leave Mr. Brudenell Carter to settle the imputation with those upon whom it was cast. Dr. Glover was amply justified in asserting "that the time had come for a more careful investigation into the various forms of anæsthesia." He might have added ischæmia and many other mysterious phenomena to the list.

We want a better word to use in the place of "mystery." The unknown is not necessarily unknowable; it may simply mean unexplored. I venture to think what so grievously puzzled the disputants at the Clinical Society the other night falls under this description. It is curious to observe the manner in which extremes meet in a discussion carried on without guiding lines of reasoning. Not a few of the views broached on this occasion were worthy of the earlier centuries in the history of medicine. The alchemists would have gloried in the mystic laudation of gold. It seems to have been forgotten that so simple a factor as the difference of specific gravity in coins used in the Salpétrière experiments may have produced widely diverse physical effects on the surface nerve-organs, and whether by a piece of gold or a brass garter kept in apposition with the skin, the terminal filaments might be stimulated, *mechanically*—as titillation, or the gentle pressure of a substance so soft as the hand, will sometimes relieve severe pain and induce sleep. The great point forgotten, however, was the undoubted connexion which subsists between mind and body, and the strange way they react upon each other, even during the state known as unconscious cerebration.

Almost anyone who likes to try the experiment honestly will find that he can by practice obtain such control over his sensations as to extinguish the sense of pain. The old flagellists and self-torturers of the ecstatic sects did not so much overcome the sense of suffering as destroy it by establishing a condition of anæsthesia by mental effort. The proof of this can be made by direct personal experiment, and what is capable of being done by way of inquiry is daily accomplished in morbid conditions of the brain. The experience of medical superintendents of asylums will bear me out in asserting that, under the influence of disordered mental states—for example, delusions—individuals of highly sensitive temperament will endure what should be agony, while the fact that the anæsthesia in only temporary is found in the fact that in dressing the wounds self-inflicted, or almost preternaturally borne by these patients, they suffer acute pain. I am not drawing on my imagination for these facts. I distinctly affirm that the statement is truthful. Again, as regards the ischæmia, wounds do not always bleed when the attention is powerfully diverted, as in the case of injuries received under intense excitement in battle. The hæmorrhage not unfrequently commences *after* the excitement is over. I differ from Dr. Coupland as to the production of such a phenomenon as blushing or pallor. I am convinced by extensive observation and experiment that not only the heart but the arterioles may be brought under the control of the will. It is even possible to cure the condition of hypersensitive vascularity, which causes blushing on the slightest provocation, by the roundabout process of making the act voluntary, and thus bringing it under control. In the same way some inveterate cases of chorea have been cured by converting involuntary acts into a subjective result of volition, and, so to say, bridging over the chasm between impulse and will. Some forms of stammering may be successfully treated in this way. The victims of the involuntary muscular contraction or spasm which breaks the rhythm of the voluntary act intentionally produces the jactatory phenomenon, and thus obtains the mastery. I am not speaking of cases in which the impossibility of maintaining a continuous muscular contraction is the result of weakness, when increased effort may cover, and, in process of time, cure the defect.

To sum up, I believe "hysteria" to be a misleading term for conditions very different in their nature, and springing from totally distinct and dissimilar causes. When the name is discarded we shall find the artificial group of morbid phenomena fall apart to the great advantage of science. Investigation is what we now need, and I venture to urge that the scope of the inquiry must include what seem to be purely mental states. It is one of the regrettable consequences of making a specialty of "mental disease," in which the mind symptoms of physical disease are arbitrarily filched from medicine to compose a mock science of "psychological medicine," that this great and important subject cannot be adequately studied. If all that is available in the way of evidence could be brought to bear upon it in a single focus the mystery could probably be dispelled.

I am, Sir, yours, &c.,

J. MORTIMER GRANVILLE, M.D.

Scientific Club, Savile-row.

UNIVERSITY OF LONDON.

PROPOSED EXTRAORDINARY MEETING OF CONVOCATION.

To the Editor of THE LANCET.

SIR,—In justice to those who have signed the requisition about to be placed in the hands of the chairman of Convocation, you will, I hope, allow me to offer a few words of explanation.

At the meeting of Convocation on May 9th, 1876, a resolution was passed, without division, that a special committee should be appointed "for the purpose of considering what changes in the constitution of the University are de-

sirable." Subsequently, however, when the mover of the resolution, Mr. Hensman, nominated the committee, objection was made to the absence of graduates in medicine from the list, and the actual appointment of the committee was postponed till "the meeting of Convocation appointed to be held on the 20th June." At this meeting the election was, through other causes, again deferred. The resolution of May 9th not having been rescinded, Mr. Hensman again brought the matter before the House at the meeting in January of the present year. Then, however, it was strongly urged that it would be inexpedient to appoint a committee with what was styled "a roving commission," and without a definite programme of reform. This argument apparently prevailed with the House. The suggestion was also made that the Annual Committee would take up the constitutional question. Further action in the matter was therefore deferred till after the meeting held in last May. But in the report presented to that meeting the Annual Committee gave no indication either of having already taken the question into consideration or of being about to do so. On the 4th of July the Senate resolved "that it is desirable that a new charter should be obtained" for the purpose of granting degrees to women in Arts, Laws, and Science. This fact, together with the powerful agitation on the part of Owens College, showed that the question of reform ought not to be allowed any longer to rest. In compliance, therefore, with the wish expressed at the meeting in January, the scheme of reform, which is now before the University, was arranged. As soon after the vacation as was practicable the Clerk of Convocation was consulted as to the business likely to come before the House at the next ordinary meeting. From the information thus obtained the conclusion was drawn that there was no reasonable probability that the resolution on constitutional reform could be taken into consideration at all at the January meeting. Under these circumstances, and the preliminary consideration of the questions at issue being amply sufficient to occupy the whole of the time during which a House can usually be kept together, steps were at once taken towards obtaining an extraordinary meeting.

In view of these facts I fail to see how the conduct of the requisitionists can be fairly spoken of as "injudicious." Neither do I see how the Senate can be hampered thereby, since they have affirmed, by a large majority, the desirableness of obtaining a new charter. What I have said may be sufficient to show also that the action of the requisitionists is not fairly attributable to a desire to "shelve the Annual Committee." In fact, so far as I am personally concerned, I may say that the appointment of the special committee appears to me a matter of subordinate consequence. What is of chief importance is, that the proposed changes should be fully considered by the members of the University and the public.

I am, Sir, your obedient servant,

London, Nov. 6th, 1877. THOMAS TYLER, M.A.

THE MEDICAL ASPECTS OF TOTAL ABSTINENCE.

To the Editor of THE LANCET.

SIR,—In reading the letter from Mr. Brudenell Carter on the subject of Alcoholic Abstention, it occurred to me that my own experience, though diametrically opposed to that of the writer, still, in a marked manner, went to support his argument, "In medio," &c. I have all my life been what is called an "abstainer," simply from utter distaste for all forms of alcoholic stimulants. In stating this, I do not mean that I never touch alcohol. On the contrary, I believe it to be a very valuable medicine, and as such use it. When I feel "done up," or have a headache, to which I am somewhat subject, I find a glass of wine very useful. I never take it, however, without being rendered drowsy and disinclined for exertion. A short time since, I had rather a sudden pressure of work, and was thoroughly "out of sorts," with relaxed sore-throat, headache, and general debility. A medical friend prescribed for me, telling me at the same time that he was sure I was wrong in not taking some form of alcohol as a regular thing. I felt so seedy that I was half inclined to give credit to his reasoning, and determined to make a fair trial. By his advice I took a couple of glasses of wine and a glass of beer daily. I certainly felt better for it at first, but was always drowsy after each dose. I continued this plan for a week or so, when I was one night suddenly seized with vomiting and diarrhœa. As there was no other apparent cause for this attack I attributed it to the alcohol, and discontinued its use. Since then I have returned to my cup of tea or coffee and my glass of water. I have no drowsiness, and am able to do a full day's, and sometimes a night's work, without any fatigue.

My own experience has led me to look upon alcohol as a medicine rather than as a food. At all events it is not an article of diet necessary for me. I believe, however, that a great deal depends upon the habits formed in early life. As a child I was never offered, or, indeed, allowed to touch, either beer or wines, except as medicine. The consequence was that I acquired a distaste for all forms of alcohol, and this has lasted me for thirty years, and will, I believe, last me for the remainder of my life. I am, however, fully persuaded that when the habit has been acquired the necessity has also been established. And so long as the indulgence of the habit is kept within the actual bounds of the necessity, no harm will be done. It is, however, when these bounds are passed that the harmful action of alcohol begins. In this case, as in all others, the harm lies in the excess. With regard to confirmed drunkards, the only possible chance of cure lies in total abstinence. A dipsomaniac, however, cannot be brought to this point gradually. It must be adopted in full at once. No doubt there would be a certain amount of systematic disturbance caused by the sudden removal of the alcohol, which has been the main article of diet, but by a careful substitution of nutritious substances in sufficient quantity, this difficulty may be easily overcome, and the patient, from being, if not legally insane, actually so, will become a useful member of society, so long as he adheres to *total* abstinence from alcohol,—*total*, because, having once yielded fully to the temptation, he is in danger of relapsing, if he takes one step in the old road. It is, therefore, apparent that if any authoritative fiat is to go forth with regard to the use of alcohol, it must be one that avoids the "Scylla" pointed out by Mr. Brudenell Carter's experience, and the "Charybdis" of my own. *Medio tutissimus ire.* — Yours truly,

Holloway, Oct. 29th, 1877. W. HENRY KESTEVEN.

To the Editor of THE LANCET.

SIR,—Mr. Brudenell Carter, in your impression of the 27th of October, concludes his letter with the expression of a hope that he may "obtain from others, records of their experience" on the dietetic use of alcohol.

Let me commence by stating, as he does, that I am a very small eater, and have been for many years a very hard brain-worker, and that my time is so engaged that for some years I have not had one holiday.

It was my habit to take daily, at dinner, a glass of Bass's ale or of Guinness's porter, or sometimes of "good old wine," and in the evening, before I retired to bed, I took often, not always, a glass of Irish whisky toddy, or of brandy and water. My friends told me that one who worked hard required a stimulant, and so I took it, being under the impression that it really did me good. True, I often suffered from feelings like indigestion, had a furred tongue often; after dinner, dared not read nor write, as headache and a flushed face resulted. In the morning my mouth was often thick and dry, and an inclination to sick stomach prevailed. My fare being of the simplest character, these symptoms were not easily accounted for.

At length, about fifteen months ago, I was speaking to a habitual drunkard about the disgrace and ruin he was bringing on himself. "Do you not take anything?" said he, with an arch smile. "Why, yes," I replied, "just a little; but"—I saw his smile growing broader—"but, from this moment, I shall give it up as long as you do." The bargain was struck. We shook hands. My friend remained a total abstainer for a fortnight. I have not tasted since. My obligation ceased when my friend began to drink, but I felt so much better, my digestion so much stronger, my mouth not thick and dry, my stomach not sick, the tendency to headache gone, that I concluded alcohol was my enemy, and alcohol since I have carefully avoided.

One other advantage let me add. I have been enabled, as Mr. Carter writes, "from the vantage ground of the position, 'nobody works harder than I do, and I never touch it,'" to appeal with power to others, and have felt such a satisfaction in influencing to temperance several who were ruining themselves by drink, as I am persuaded far exceeds any that can result from the sensual pleasure that "the genuine article from the great Dublin distillers, matured by keeping," or "the glass of fine old Burgundy" can impart.

To one or two other remarks of Mr. Carter let me briefly refer. The careful investigations of the laboratory, the accurate tests of chemistry in learned hands, should not be ignored with the sweeping assertion that their conclusion "is a mistake"; and, with all deference, I submit that it cannot be considered as a refutation of the analysts' hard work when one whose taste (as far as I can judge from his writing) prompts to the use of alcohol bluntly tells him "that he has blundered" in stating that alcohol is not food.

I believe there is no alcohol in the human composition. What part then of that composition can alcohol build up? How can it possibly be dietetic? and when I read of the gentleman of seventy years of age living on it alone for six months, I feel disposed to ask, is Mr. Carter sure there was no beef-tea, no milk, given in his absence? And while I await his reply, which must be mere hearsay, must confess my own scepticism, and imagine that the most ardent advocate for alcohol will exclaim, "Oho! satis; jam desine, precor."

When I read that a glass of bitter beer renovated failing health, removed the fur from the tongue, restored the disordered palate, dissipated the copious deposit from the urine, and rectified the weary and languid feeling, then the sun of life's true elixir is rising, to set, alas! so soon in the confession that, "acid indigestion" usurped the province of the potent charm.

Do not physiologists say that alcohol causes paralysis of the capillaries, or rather arterioles, and, as a consequent, dilatation, with a tissue of evil consequences, which of necessity follow, but which I need not now enumerate? I do not think that anyone could suppose that such dilatation could tend to the "maintenance of healthy activity" of the brain.

In conclusion, Sir, it appears to me that the statement of one who believes "that tastes are expressions of wants of the system," who derives "immediate gratification of the palate" and "the speedy comfort of the nervous system" from "the glass of old Burgundy," who is kept awake in the afternoon by genuine Irish whisky, to whom beer at one time appeared the very best of physic, and who avers that he "shall not be tempted to institute any more experiments in the same direction"—i. e., of abstinence,—it appears to me that the statements of such a one are so opposed to the experience of many others, and are evidently so biased, that, to use his own words, they may fairly be considered "to a large extent inaccurate," and the arguments of such a one "in a great degree fallacious," and that "inaccurate statements and fallacious arguments are not weapons with which any good can be effected," and more especially when they are employed to advocate the use of what our judges and magistrates, and those who have most experience in the investigation of criminal statistics, pronounce the curse of our land and the main cause of three-fourths of our crime.

I am, Sir, your obedient servant,

W. H. LAMBERT, M.D. Trin. Col., Dub.

Islington-square, Liverpool, October 28th, 1877.

To the Editor of THE LANCET.

SIR,—The subject of teetotalism, like most others, cannot be judged from isolated cases; even when they are of gentlemen who are in the habit of weighing and deducing just conclusions from symptoms observed in health and disease, they often lead, if not falsely, only partly in the right direction. It is a fact all teetotalers notice, when they overcome the first effects of the discontinuance of stimulants, that their appetites increase, or rather that they can take and require a much larger quantity of food, thus supplying the place of the lost stimulant. This continues as long as they "abstain"; their health is better, their digestion improves, and their nervous system loses that irritability so often noticed even in those who only take beer at meals. But are there not some to whom it is a necessity? and if so, why? Those who "work the brain at the expense of the body," whether from physical inability or want of time, we know impair their digestive power, and to them a stimulant is certainly necessary. In moderation it improves their digestion and acts as a spur, doing what bodily exertion would do so much better, could they take it. Others there are who naturally have weak digestions; to them also the moderate use of some stimulant is no doubt beneficial; but if a man has sufficient physical work to keep the body in health, and can digest food, he will not suffer, but be better mentally from the loss of stimulants. We know the brain acts best when the body is in good health, as all who have studied the subject tell us; that it is unwise to continue one line of thought or pursue the same study or bodily work unduly long; that mental power and successful work are best obtained when we vary our employment. Lord Lytton has said, "Never remain longer than an hour at any study," and rest is obtained by a total change of exertion. If thus we keep up the balance between the brain and the body, we shall be able to digest our food, I think, without stimulants.

These are the conclusions to which I have come, after twenty years' experience at home and abroad, on subjects in a great many different conditions of life.

I am, Sir, your obedient servant,

Jermyn-street, November, 1877. J. H. WATERS.

THE CURE OF ANEURISM BY ESMARCH'S BANDAGE.

To the Editor of THE LANCET.

SIR,—The specimen of popliteal aneurism cured by the application of Esmarch's bandage, shown by Mr. Wagstaffe at the Pathological Society this evening, is one of considerable importance. It is only the second of such specimens that has been described. Dr. Reid published the account of the first in THE LANCET, 1876, vol. ii., p. 184.

This treatment has now been employed on several occasions by various surgeons, but with by no means constant success, and the importance of this preparation of Mr. Wagstaffe's, which corresponds in all its details with Dr. Reid's, is that it throws light on the mode in which the cure is wrought, and also on the causes of failure in other cases. The artery is seen to be occluded with organised fibrous tissue for a distance of some two or three inches, and the sac of the aneurism has shrunk to a small size, and surrounds old, dry, unorganised blood-clot. There can be no doubt, I suppose, that at the time of the application of the bandage a clot formed in the aneurism and also *in the part of the artery with which it communicated*. The latter clot was surrounded by healthy vessel-wall, from which capillaries from the vasa vasorum shot out into it, and organisation took place; but the clot in the aneurism was surrounded by an unhealthy sac, or perhaps by a layer of laminated fibrin, and organisation under these circumstances was an impossibility. Hence the cure was obtained by *occluding the artery, not by occluding the aneurism*, which, however, ceased to be an aneurism so soon as the communication with the channel of the artery was closed. If this is the correct explanation, it follows that for the success of this treatment two things are necessary: (1) the extension of the clot from the aneurism into the artery; (2) a fairly healthy state of the vessel-wall to permit of the organisation of this thrombus. The extension of the clot into the artery will depend upon the size of the mouth of the aneurism; and we arrive at the somewhat striking conclusion that aneurisms with large mouths, which are unfavourable for the ordinary methods of cure, are especially favourable for that by Esmarch's bandage. But to counterbalance this, the larger the mouth of the aneurism the greater the probability of the artery being extensively diseased, and, therefore, the less the prospect of organisation of the clot. This latter factor is probably the less important of the two, for there is sure to be some part of the artery-wall healthy, and organisation will take place from any such spots.

Mr. Butlin expressed a fear that this rapid coagulation

would lead to inflammation or even suppuration of the sac. This was the common opinion when such coagulation was produced by various direct methods of treatment—manipulation, injection, passage of foreign bodies into the sac,—which it is evident were highly likely to lead to such a result. But it is very difficult to understand how a simple blood-clot can do it.

I was not able to examine the specimen this evening until it was too late to join in the discussion at the Pathological Society, and this is my excuse for troubling you with these remarks.

I am, Sir, your obedient servant,

A. PEARCE GOULD, M.S., F.R.C.S.

Gower-street, Nov. 6th, 1877.

THE HOSPITAL FOR DISEASES OF THE THROAT.

To the Editor of THE LANCET.

SIR,—I am astonished beyond measure that you should blame the silence of the staff of the Throat Hospital, when you have had, as I am informed, their formally expressed opinion in your own possession for more than three months. The confusion attending a recent change of residence prevents me from referring to the numbers of THE LANCET which have appeared since their resolution was adopted, but a friend who has watched them declares you have not published it. How, then, can you blame the staff for maintaining silence? They cannot compel you to publish their resolutions.

Having pen in hand, it may be as well to dispose of another point in your article. You say the "report" of the so-called "committee of inquiry is still withheld." Surely, it is not the business of the staff to publish that. How can they? They have no knowledge of it. If the so-called "committee" have agreed upon a "report," but have not the courage to publish it, how can the staff help them out of their false position? Do you think the staff ought to circulate allegations which they consider either unfounded or frivolous.

And, after all, what is this committee of inquiry? Certain individuals appear to have held a private meeting to listen to the allegations of dissatisfied officials who had resigned or been dismissed. They did not inspect the several departments of the hospital, they did not communicate with the members of the staff, nor have they furnished them with their "report," if indeed they have agreed upon it. If laymen thus presume to pronounce on hospital work the staff can afford to smile at their self-complacency. It resembles that of the noblemen and gentlemen who, from their innate knowledge of therapeutics, are able to testify to the wonderful virtues of quack medicines. If medical men without examination attempt in the same way to disparage the work of their professional brethren, it is to their conduct your editorial attention should be directed. I think the staff can afford to ignore such an "inquiry," but as you assert that "it is incumbent upon them either to admit or disprove the charges that have been made," I am induced to protest against any such conclusion, especially as I am only just resuming practice after a lengthened illness, during which the transactions took place.

My clinic was always open to any medical man, and I would not for a moment shirk my responsibility for its conduct. Those who have not inspected it can have no right to pronounce an opinion upon it. Any attempt to involve the whole staff in a private dispute is quite unwarrantable.

I am, Sir, your obedient servant,

Dean-street, Park-lane, November 6th. PROSSER JAMES.

*** If Dr. Prosser James will refer to an annotation in THE LANCET of Oct. 20th, pp. 589 and 590, he will find this sentence:—"It is only right to add that since the above inquiry the other members of the medical staff have passed a vote of confidence in the medical superintendent, and have expressed their opinion that the charges brought against him are unfounded." We did not publish the "formally expressed opinion" to which our correspondent alludes, because it was a curt repudiation of certain charges not detailed. The public duty which, we repeat, the medical and surgical staff of this hospital have so strangely neglected is that of meeting the specific charges boldly, taking the profession into their confidence, and disproving the allegations made. Instead of this course being adopted the proceedings seem to be enshrouded in needless obscurity, and the full facts have not transpired. It may not, finally, be incumbent on persons accused of neglect or mismanagement to publish the case against them, but it would be simply obeying the natural impulse of a keen sense of honour to repudiate in public the imputation privately made, but, if rumour may be trusted, relating to the manner in which a *public* duty has been discharged.—ED. L.

ARTICULAR RHEUMATISM.

To the Editor of THE LANCET.

SIR,—Will you permit me to say, with reference to some remarks in THE LANCET of Nov. 3rd, that I do not think we have sufficient evidence to admit of dividing articular rheumatism into the two forms suggested. The records of Charing-cross Hospital for the past year tend to show that subacute cases of rheumatism—cases in which the temperature has never exceeded 100° Fahr.—are quite as eligible for treatment by salicylate of soda as the more acute forms; and, further, I venture to assert, what I believe time will prove, that there is no form of true articular rheumatism, except the malignant, that will not be more or less benefited by the administration of salicylate of soda in appropriate doses.

I remain, Sir, your obedient servant,

Harley-street, Nov. 6th, 1877. JULIUS POLLOCK.

THE UNIVERSITY OF MELBOURNE.

To the Editor of THE LANCET.

SIR,—I have the honour to address you on a subject which concerns the interests of the medical graduates of this University. In THE LANCET of June 2nd, 1877, I find the following paragraph:—"The project of registering colonial degrees involves the question of reciprocity. The colonies re-examine men holding British qualifications before they are admitted to practise in those outlying provinces of Her Majesty's dominions."

Permit me to inform you that the latter statement is certainly incorrect as regards this colony, in which all men possessing British qualifications are free to practise immediately after their arrival without any re-examination, having only to present their diplomas to the Medical Board of Victoria for registration.

As it would be a great disappointment to our graduates if any further delay should be caused in the prompt registration of their degrees by a wrong impression being made on the home authorities by such statements as the one I have referred to, I trust that you will be good enough to give publicity to this letter in your valuable and influential journal.

I am, Sir, our most obedient servant,

A. C. BROWNLESS, M.D.,

Vice-Chancellor of the University of Melbourne.

Obituary.

FRANCIS AUGUSTUS BURDETT BONNEY.

MR. BONNEY, who died at his residence, Elm House, on the 13th ult., aged seventy-three, was the son of John Augustus Bonney, a solicitor, of good family, who, as the friend of Horne Tooke, became involved in the State prosecutions of the year 1794. Born in London in 1804, the subject of this memoir was educated at Ealing School. During the interval which afterwards elapsed before his final choice of a profession, made difficult by the early death of his father, he supplied many contributions,

chiefly in verse, to the literary journals of the time, and an "Essay on the Genius and Writings of the Author of 'Ali'," in the *European Magazine* for September, 1824, shows in what estimation his youthful powers were held by the editor of that time-honoured periodical. Deciding to enter the medical profession, he studied at Edinburgh and Paris, and obtaining his diploma, commenced practice in 1833 at Brentford, from which place he removed in 1845 to London. He retired from the active practice of his profession in 1863, becoming the proprietor of Elm House Asylum, from which time he bestowed his attention entirely upon the comfort and welfare of its inmates.

Mr. Bonney was twice married; first in 1835, to Maria Catherine, the daughter of Mr. Ralfs, of Brentford, by whom he had a family of three sons and two daughters. Becoming a widower in 1856, he, eight years subsequently, contracted a second marriage with Miss Elliott, at that time proprietress of Elm House. This lady and all his children survive him. Two of his sons are now actively engaged in the profession.

For a year past he had been declining in health, suffering much from rheumatic pain, but preserving through all the greatest calmness and patience. Of great intellectual capacity, and with remarkable memory, he was of kindly and generous disposition, and was held in affectionate esteem by all who knew him, and to his sorrowing family and a large circle of intimate friends his decease is an irreparable loss.

MR. JAMES FLOWER.

THE Council of the Royal College of Surgeons has just lost a valuable assistant, well known to many members of the College, especially those studying comparative anatomy—namely, the able articulator, under his distinguished namesake Professor Flower, in the museum of the College. The subject of this well-deserved notice was born in 1800, and at the early age of fifteen enlisted as a soldier in the 18th Hussars, which regiment formed part of the English army that occupied France after the battle of Waterloo. When the regiment was reduced in 1821 he left the service and began to cultivate a taste for natural history, and soon after found employment, and that for several years, in the museum which the Zoological Society was then forming at their house in Bruton-street. He afterwards took to articulating skeletons, and at the same time carried on the business of a licensed victualler at the "Canterbury Arms," now known as the Canterbury Hall. His business as articulator soon increased to such an extent, principally through the patronage of his distinguished friend, Professor Owen, that he was compelled to close his skittle alley and convert it into a large workshop, and it was here that his principal labours were carried on, such as articulating the stupendous megatherium and many of the large skeletons in the Hunterian Museum. The trustees of the National Collection had such unbounded confidence in him that they entrusted the celebrated Nineveh ivories to him for restoration. How well he executed this work is testified by Professor Owen. Here also he made for His Majesty the King of Siam a wonderful work of art. The King was desirous of receiving some general knowledge of anatomy, but would have lost caste had he touched a dead human subject. Flower, however, was equal to the emergency, and executed for him—we believe in sycamore or some other soft wood—a most perfect skeleton of an adult man, which met with the commendation of all who saw it, and with which the King was greatly pleased. The late Marquis of Westminster employed him to articulate his celebrated racehorse, Touchstone, now preserved at Eaton Hall. Subsequently he did the same for Orlando, which our Queen presented to the College. Amongst his other patrons were the Earl of Enniskillen, Professors T. Bell, Busk, South, Owen, Flower, Mr. Yarrell, &c. Having been permanently appointed articulator to the Royal College of Surgeons, he had spacious work-rooms and assistants provided for him. It was here that his numerous mechanical arrangements were invented by which the various surfaces of the bones can be examined separately without interfering with the remainder of the skeleton. Prof. Flower rendered him full justice in his earnest labours, by constantly holding him up as an example. In his interesting annual reports, on one occasion, the Council "testified their sense of the zeal and skill of Mr. James Flower in devising and executing so many of these improvements by a special vote of approbation, accompanied by a gratuity."

On the recent visit of his Royal Highness the Prince of Wales to the museum of the College of Surgeons, Mr. Prescott Hewett, the President of the College, with that kindly feeling he always evinced to the *employés* of that institution, introduced him to the Prince, when he had the honour of explaining his mode of articulating the first tiger his Royal Highness shot in his Indian tour.

During the past year the health of Mr. Flower became much impaired, and finally that fell disease cancer carried him off on Tuesday last, the 30th ult., in the seventy-seventh year of his age. He received the greatest professional kindness from Sir James Paget, Messrs. Howard Marsh, Alban Doran, Professor Flower, and other gentlemen who highly appreciated his great value. By the last-named gentleman, and the Council of the College his loss is deeply regretted.

DR. THOMAS HOOKHAM SILVESTER.

OUR obituary recorded last week the name of one of the oldest members of the College of Physicians, Dr. Thomas Hookham Silvester, formerly of Clapham, Surrey. As a student he was a favourite pupil of the late Sir Astley Cooper, whom he aided by his skill with the pencil. He commenced practice in the country, but his health obliged him to spend some time on the Continent, and in Paris he had the advantage of studying at the Hôtel Dieu the use of the stethoscope under the most celebrated French physician of the day. On his return to England in the year 1835 he was associated with Dr. Williams, of St. Thomas's Hospital, the discoverer of the medicinal value of iodide of potassium. He ultimately settled at Clapham, near London, where he remained for twenty-eight years in the active exercise of that profession from which he derived fame and fortune. He was for some time physician to the South London Dispensary. He was one of the founders of the Clapham General Dispensary and the Clapham Athenæum. For many years he was a fellow and afterwards a member of the Council of the Royal Medical and Chirurgical Society. He was also president of the South London Medical Society. He published an interesting account of ancient anæsthetics and the history of the mandrake, and contributed to the Medico-Chirurgical Transactions a paper on Phlebitis, and an article on Venous Bruit to the *Medical Gazette*. The Royal Society published in its Proceedings a highly suggestive paper on the Typical Formation of the Secreting Organs.

In the year 1863 Dr. Silvester retired from practice, and bought a place at Tunbridge Wells, where the charm of his manner and conversation made his society much sought after. Of him we may well say that he was no ordinary man, but one of very superior mental capacity and power of scientific investigation. He died of an attack of apoplexy in the seventy-ninth year of his age.

ROYAL COLLEGE OF SURGEONS.

AN important meeting of the Council was held on Thursday last.

The Report of the Committee on the Dental Diploma was adopted, with this alteration, that lecturers on Dental Anatomy and Physiology may be members of the College, or licentiates in Dental Surgery.

Mr. Simon's proposal to rescind the rule that only Fellows shall be eligible for examiners in Anatomy and Physiology was referred to a Committee, who will consider it, and report to the Council.

Sir James Paget and Mr. Simon were appointed representatives to the Committee of Reference of the Conjoint Scheme.

At an extraordinary meeting on Wednesday, Mr. John Birkett, President, was re-elected to the Board of Examiners in Anatomy and Physiology.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed the Primary Examination in Anatomy and Physiology at meetings of the Board of Examiners on Tuesday and Wednesday last:—

John Anderson, Craig Dixon, Edwin G. Bull, Robert L. Parker, and William Stuart, Edinburgh; W. A. Hornibrook, Middlesex Hospital; E. W. Holland, Bristol; S. C. Sarkies, Calcutta and St. Thomas's Hospital; F. J. Fehrsen, Aberdeen; T. M. Hughes and R. J. W. Oswald, Charing-cross Hospital; J. A. Swindells, Liverpool; C. H. Fowler, St. Bartholomew's Hospital; H. A. Powell, E. M. Price, and W. B. Giles, University College; Lewis W. Swabey and R. W. Ford, St. George's Hospital; A. J. Dament, W. C. Chaffey, and C. Y. Biss, St. Bartholomew's Hospital; S. Bagley, Manchester; G. F. C. Wright, University College; R. P. Simpson, Edinburgh; H. Swale and Z. Mennell, St. Thomas's Hospital; E. C. Johnston, Birmingham; A. C. Bernays, Heidelberg.

Of 40 candidates examined, 12 failed to satisfy the Board, and were referred for three months' further anatomical and physiological study.

APOTHECARIES' HALL.—The following gentlemen passed the examination in the Science and Practice of Medicine and received certificates to practise on Nov. 1st:—

La Page, Clement, Nantwich, Cheshire.
Peacock, Henry George, Melton, Suffolk.

The following gentlemen also passed the Primary Professional Examination:—

Frederick Hurst Craddock, St. Bartholomew's Hospital; Henry Calthrop Allinson, King's College Hospital.

DR. JOHN WALTERS, J.P., was re-elected, at the head of the poll, on the 1st inst., as a member of the Council of the borough of Reigate.

MR. GLADSTONE, who is at present in Ireland, last week inspected the College of Physicians in Kildare-street. The illustrious visitor was received by the President, Dr. Gordon, and several Fellows of the College, and duly entered his name in the Visitors' Book.

THE Nantwich guardians have increased the salary of Dr. Seymour H. Munro, medical officer to the workhouse, from £30 to £50 per annum.—The Croydon Guardians have increased the salary of Mr. Frederick Nicholls, medical officer for No. 5 District, from £100 to £120 per annum.

SANITARY INSTITUTE OF GREAT BRITAIN.—The first examination of Surveyors and Inspectors of Nuisances took place on Monday, October 29th, at the rooms of the Medical Society of London. Eight candidates presented themselves, five of whom were successful in obtaining certificates of competence. Fifteen candidates have already entered their names for the next examination.

SMALL-POX IN DUBLIN.—In the week ending Oct. 29th a death was registered, which took place in the Hardwicke Hospital, being that of a woman who had not been vaccinated. For the previous twelve weeks no death from this affection had been recorded; but we learn that several cases, some of a very severe type, were admitted into Cork-street Fever Hospital, five still remaining in that institution suffering from the disease.

COLLEGE OF PHYSICIANS, IRELAND.—The following office-bearers have been appointed for the ensuing year:—President: Samuel Gordon. Vice-President: James Little. Censors: W. B. Jennings, Thomas Grimshaw, G. F. Duffey, James Little. Registrar: James Magee Finny. Examiners in Midwifery: Fleetwood Churchill, Edward Burrowes Sinclair. Professor of Medical Jurisprudence: Robert Travers. Representative on the General Medical Council: Aquilla Smith. Librarian: Hugh J. Fennell.

DONATIONS, &c., TO MEDICAL CHARITIES.—Mr. Edmund S. Hanbury has given £100 to the London Hospital. "J. B." has given £100 to the Royal United Hospital, Bath, "in memory of a beloved husband." The East London Hospital for Children has received £300 under the will of Mrs. E. Bunning. The Earlswood Asylum for Idiots has become entitled to £200, under the will of Mr. Richard Mullings, of Cirencester. The Eye Hospital, Birmingham, has become entitled to £200, under the will of Mrs. Mary Lee, of Folesbill. Mr. Charles Malloch bequeathed £200 to the Glasgow Royal Infirmary, and £50 to the Glasgow Maternity Hospital.

SOCIETY OF PUBLIC ANALYSTS.—The next meeting will be held on Wednesday, the 14th inst., at Burlington House, Piccadilly, at eight o'clock, to consider and discuss a Report from the Council as to the working of the Sale of Food and Drugs Act, in order to enable a formal reply to be made to some inquiries by the representative of the German Government, who purpose to introduce an Adulteration Act themselves. The following papers will also be read:—"On Milk Analysis," by J. Carter Bell, F.C.S.; "On the Analyses of Five Mineral Waters," by Otto Hehner, F.C.S.

PRESENTATIONS.—Mr. Samuel Farrow has been presented with a very substantial and elegant tankard, with the following inscription engraved upon it:—"Presented, with other plate, to Samuel Farrow, M.R.C.S., by a few friends and neighbours, in appreciation of his kindness and attention during a period of forty years' practice at Ingham, September, 1877."—Mr. F. Charles Bryan, surgeon, upon the occasion of his leaving Yorkshire, was presented by a number of his friends and patients in Burton and the neighbourhood with an address (containing expressions of deep regret at his leaving), together with a valuable gold signet ring, as a mark of the great respect and high esteem in which he had been held during the short time he had been rendering his professional services amongst them.

Medical Appointments.

ARCHER, W. G., M.A., M.B., M.R.C.S., has been appointed an Assistant-Surgeon for Attendance upon Out-patients at the General Hospital Birmingham.

ASHBY, H., M.B., M.R.C.S.E., has been appointed an Assistant Medical Officer to the Liverpool Infirmary for Children, vice Chalmers, resigned.

BINDLEY, P., M.B., has been appointed an Assistant-Physician to the General Hospital, Birmingham.

CARRUTHERS, W. H., M.D., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Halton District of the Runcorn Union vice W. Carruthers, M.R.C.S.E., L.S.A.L., resigned.

CHAVASSE, T. F., M.B., C.M., M.R.C.S., has been appointed an Assistant-Surgeon for Attendance upon Out-patients at the General Hospital, Birmingham.

CHEYNE, W. W., M.D., has been appointed a House-Surgeon to King's College Hospital.

COLLINS, Mr. G. B., has been appointed Assistant Resident Accoucheur to King's College Hospital.

CORNER, F. M., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer of Health for the South Division of the Poplar District, vice Ellison, deceased, at £150 per annum.

GRIFFIN, T., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed a Medical Officer for the Louisburgh Dispensary District of the Westport Union, co. Mayo, vice Brennan.

HARDING, A., M.R.C.S.E., has been appointed Resident Accoucheur to King's College Hospital.

HAYES, P. J., L.R.C.P.Ed., L.R.C.S.I., L.M., has been appointed Lecturer on Diseases of the Eye and Ear at the Catholic University, Dublin.

HOWLETT, E. H., M.R.C.S.E., has been appointed a House-Surgeon to King's College Hospital.

IRVINE, T. J., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer of Health for the Garstang Rural Sanitary District.

JONES, Mr. E. W. T., has been appointed Public Analyst for the North Division of Staffordshire, vice Scott, at £100 per annum and 6s. per analysis.

KELLY, W., M.R.C.S.E., has been appointed House-Surgeon to the Ladies' Charity and Lying-in Hospital, Liverpool.

LAWTON, H. A., L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer of Health for the Poole Urban Sanitary Authority for three years; Medical Officer of Health for the Poole Port Sanitary Authority for one year; and Medical Officer to the Borough of Poole Fever Hospital.

LEACROFT, J. W., M.B., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the Inkberrow District of the Alcester Union, at £60 per annum and fees, for three years from the 29th September.

MANN, H. W., M.B., has been appointed Resident Assistant-Physician to the Stirling District Lunatic Asylum, Larbert.

MAYNE, C. C., M.B., C.M., has been appointed Medical Officer to the Workhouse, Rathdown Union, co. Dublin, vice Darby, resigned.

MILLES, W. J., M.R.C.S.E., has been appointed Assistant House-Surgeon to King's College Hospital.

MORGAN, W., Ph.D., F.C.S., has been appointed Public Analyst for Cardiganshire, at £5 per annum and 15s. per analysis.

NIXON, C. J., L.K.Q.C.P.I. & L.M., L.R.C.S.I., has been appointed a Lecturer on the Institutes of Medicine at the Catholic University, Dublin.

RAWSON, E. E., L.R.C.P.Ed., has been reappointed Medical Officer of Health for the Thornton Urban Sanitary District, Yorkshire, at £27 per annum for three years.

SAUNDBY, R., M.D., has been appointed an Assistant-Physician to the General Hospital, Birmingham.

SWAYN, E. H. W., M.D., F.C.S., has been appointed Public Analyst for the County of Radnor, at 21s. per analysis, and travelling expenses when required to attend and give evidence.

TAYLOR, H. G., M.R.C.S.E., has been appointed Assistant House-Physician to King's College Hospital.

TUTHERLY, F. B., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer of Health for the Newport (Isle of Wight) Urban Sanitary District, vice Waterworth, resigned.

VINCENT, H. B., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer of Health for the East Dereham Urban Sanitary District, at £25 per annum.

WELDON, Dr. W. J., has been appointed Medical Officer, Public Vaccinator, &c., for the Rathvilly Dispensary District of the Baltinglass Union, co. Wicklow, vice Montfort, resigned.

WILKINSON, T. M., L.R.C.P.Ed., L.R.C.S.Ed., L.S.A.L., has been appointed a Surgeon to the County Hospital, Lincoln, vice Broadbent, deceased.

WILLCOCKS, F., M.R.C.S.E., has been appointed House-Physician to King's College Hospital.

WILSON, H., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the Kirkleatham District of the Guisborough Union, Yorkshire, vice Dean, resigned.

Births, Marriages, and Deaths.

BIRTHS.

BELL.—On the 30th ult., at Star-hill, Rochester, the wife of James Vincent Bell, M.D., of a daughter.

ELLIOTT.—On the 2nd inst., at Walker-terrace, Gateshead-on-Tyne, the wife of H. G. Elliott, L.R.C.S.I., of a daughter.

FOSTER.—On the 24th ult., at Grosvenor House, Edgbaston, the wife of Balthasar Foster, M.D., of a daughter.

GIBBON.—On the 1st inst., at Derby-road, Portsmouth, the wife of E. A. Gibbon, L.K.Q.C.P.I., Surgeon-Major, Army, of a son.

LONGHURST.—On the 28th ult., at Hammersmith, the wife of Alexander K. Longhurst, M.R.C.S.E., of a son.

MOORE.—On the 28th ult., at Coventry, the wife of Milner Montgomery Moore, L.R.C.P.I., of a son.

TAYLOR.—On the 1st inst., at Kingsclere, the wife of Herbert Taylor, M.D., of a daughter.

WYLIE.—On the 5th inst., at Skipton-in-Craven, the wife of William Wylie, M.D., of a daughter.

MARRIAGES.

BROWN—SHEPARD.—On the 18th ult., at St. George's Church, Tredegar, by the Rev. Thomas Smith, Vicar of St. Mary Walkley, Sheffield, assisted by the Rev. Edward Jones, Vicar of St. George's, Tredegar, George Arthur Brown, Surgeon, of Tredegar, to Hannah Elizabeth, younger daughter of Horace Shepard, Esq., Solicitor, of Polar House, Tredegar.

SIMPSON—SWINBORNE.—On the 1st inst., at the Independent Chapel, Coggeshall, Thomas Simpson, M.R.C.S.E., to Emma, daughter of Thomas Chalk Swinborne, Esq.

DEATHS.

BROWN.—On the 28th ult., at Callington, William Brown, M.R.C.S.E., aged 67.

CLARKE.—On the 30th ult., at Wythen Lache, near Buxton, William Clarke, M.R.C.S.E., of Stockport-road, Manchester, aged 52.

DUNN.—On the 4th inst., at Norfolk-street, Strand, Robert Dunn, F.R.C.S.E., aged 78.

HAMMOND.—On the 14th ult., at Rochampton-street, Westminster, George Thomas Hammond, M.R.C.S.E., aged 73.

KERSHAW.—On the 5th inst., at Alexandra Villas, Finsbury-park, Robert Kershaw, M.R.C.S.E., Secretary, London Hospital Medical College.

LAW.—On the 25th ult., at Old Machar, Joseph Law, Surgeon, aged 84.

LINDLEY.—On the 3rd inst., at Derby, John Lindley, M.R.C.S.E.

MCCREADY.—On the 27th ult., at Rathgar, Dublin, John Davidson McCready, F.K.Q.C.P.I., aged 70.

REID.—On the 27th ult., at Bootle, Liverpool, Richard Balfour Reid, L.R.C.S.Ed., aged 69.

RUMSEY.—On the 30th ult., at Mere, Wilts, Charles Rumsey, M.R.C.S.E., aged 67.

SEWARD.—On the 3rd inst., Noble Seward, M.D., of Riversdale, Templeogue, co. Dublin, aged 65.

SLEMAN.—On the 2nd inst., at Tavistock, Richard Sleman, F.R.C.S.E., aged 67.

TAYLOR.—On the 4th inst., at Cricklade, Theodore Thomas Taylor, M.R.C.S.E., aged 34.

[N.B.—A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.]

BOOKS ETC. RECEIVED.

J. Tyndall: Further Researches on the Department and Vital Persistence of Infective Organisms from a Physical Point of View.
Dr. J. Althaus: Diseases of the Nervous System.
Dr. Gillette: Chirurgie Journalière des Hôpitaux de Paris. Illustrations of Clinical Surgery. Part IX.
M.A. Cambridge: Vivisection Viewed under the Light of Divine Revelation.
E. V. Renoir: Les Eaux Potables Causes des Maladies Epidémiques.
Correspondence relating to Prison Discipline, Hongkong.
The Twentieth Century. No. III.
W. Fraser Rae: Columbia and Canada.
Australian Medical Journal.
Cassell's History of India. Part XXIII.
The Sunday Magazine. November.
Good Cheer. November.
Good Words. November.
The Sunday at Home. November.
The Leisure Hour. November.
The Veterinary Journal. November.
Hardwicke's Science Gossip. November.
The Homœopathic Review. November.
The Veterinarian. November.
C. F. Maunder: Fistula in Ano.
Dr. W. G. Wylie: Hospitals, their History, Organisation, and Construction.

Notes, Short Comments, and Answers to Correspondents.

A CHEMIST'S SLEEPING DRAUGHT.

A CASE which has just occurred at Weymouth directs attention anew to the grave risk attending the practice of making up "medicines" without medical prescription. A commercial traveller addicted to intemperance applied to a chemist for a draught to revive and compose him. As he was obviously very ill, the tradesman declined to supply a drug; but unwisely promised that "if he would go through the day without having anything to drink," he "would let him have a draught in the evening that would give him four or five hours' composure." The landlord of a tavern, where the inebriate had put up, came in the evening, and was supplied according to promise, the "draught in question consisting of laudanum, twenty drops; chloral, twenty grains; and tincture of cardamoms, one drachm, with a little syrup and water to make it palatable." The remedy was so far effectual that the man died; and at an inquest the verdict was "Misadventure," no blame being attributed to the druggist. A post-mortem examination was made, and some conflicting medical testimony given. We have nothing to remark as to the autopsy or the statements of the professional witnesses, except that, the case being abundantly clear, it is to be regretted that an attempt was made to exculpate the chemist. The principal question raised was the old one, in regard to which it would seem no understanding is likely to be reached between the legal prescribers and the qualified compounders of drugs. We are not prepared to say whether any educated practitioner would have deemed a powerful sedative, such as that given in this instance, a suitable or safe remedy. Meanwhile, it is manifest that the laxity or defect of law which permits this unqualified practice is not conducive to public safety, and it will be strange if public opinion is much longer content.

Mr. T. Wilders.—Consult a practitioner. We do not prescribe.

MEDICAL APPOINTMENTS IN THE WEST INDIES.

To the Editor of THE LANCET.

SIR,—I understand that there are several vacancies for district medical officers in the Leeward Islands. I wish to put intending candidates in possession of the following facts.

1. The salaries range from £150 to £250 per annum.
2. The work is of the most onerous character—e.g., attending all children (under ten years of age) of labourers; all labourers over sixty years old; all police in the district; all inquests, and making post-mortems; attending all cases of sudden illness (including midwifery) without demanding prepayment (which means without payment at all); attending all paupers in the district; vaccinating all children of labourers; acting as health officer and sanitary inspector; &c. &c.
3. The above duties are to be performed for the above salaries. There are modifications in the different islands; for instance, in some vaccination fees are paid.
4. The population contains about 90 per cent. of labourers. There is consequently no society, except perhaps in Antigua.
5. The climate is not over-healthy, especially in Dominica.
6. There is no such thing as private practice for the new-comer.
7. The negro is a bad patient: evil-smelling, dirty in his habits, superstitious, insolent, dishonest, and a liar. He hardly ever pays his doctor, and the fees are, in most of the islands, so limited by law that it is rarely worth while to sue him.
8. There is no pension.
9. Living is about as expensive as in England. House-rent, liquor, clothing, and horse-keep are higher than at home.

I could add more; but why?
I enclose my card, and am, Sir, yours &c.,
October, 1877. ONE WHO HAS LIVED THERE SEVERAL YEARS.

"BUYING A PIG IN A POKE."

ANYONE anxious to commit this indiscretion may forward his name as a subscriber to the Rev. George Griff Williams, Vicar of Llanfynydd, Carmarthen, who proposes to publish a work to be called "The Medical Guide," for the use of clergymen, in two volumes, 2s. 6d. each—one, anatomical; the other, medical. The worthy vicar is distressed at the thought of the numbers who die in remote places for want of medical knowledge in clergymen. Let him consider well whether the carrying out of his present project may not be attended with an increase of the mortality which he deplores.

Thoughtless Schoolboy.—The course pursued by "a practitioner of good repute" is wise. As the general health improves, the cause being removed, recovery may be expected.

THE USE OF ELASTIC UTERINE STEMS IN PARACENTESIS.

To the Editor of THE LANCET.

SIR,—In your account of my case of empyema, published in the "Mirror" of Oct. 20th, it ought to have been stated that the idea of employing short elastic uterine stems, instead of a continuous drainage-tube, emanated from Mr. Morrant Baker, who performed the paracentesis, and introduced them. We had discussed the matter together previously, and his suggestion had my entire approval. It may further interest your readers to know that the boy is very nearly well. As the first case which has been thus treated, I am glad that it should have been published; but I should be sorry also if Mr. Baker's just claim to whatever merit this method has were ignored.

I am, Sir, your obedient servant,
Harley-street, W., Nov. 1st, 1877. REGINALD SOUTHEY.

THE SPREAD OF INFECTIOUS DISEASES.

THE Birmingham and Midland Association of Medical Officers of Health, having directed its attention to the above-named subject, has adopted resolutions which it is desirous of bringing under the notice of societies and bodies having as one at least of their objects the promotion of sanitary science. In these resolutions the Association expresses its opinion that the legislative provisions at present existing for arresting the spread of infectious diseases are very insufficient, and desires to urge upon the Government the importance of instituting an early and a comprehensive inquiry into the subject, with the view of ascertaining what measures are expedient for the purpose of effecting an improvement in this matter. To the frequency with which scarlet fever and like maladies are disseminated through the agency of public elementary schools special attention is directed. The obvious remedy, of closing schools where infectious prevails, is often, however, attended with pecuniary loss to the masters and managers of such institutions. To meet this difficulty, the Council of Education makes an allowance in such cases; but the Association would extend the allowance so as to include cases of non-attendance of children living in houses in which infectious disease exists, and who are kept at home in compliance with instructions issued by the sanitary authority.

Mr. Croft should make his complaint to the authorities of the College.

MEDICAL ASSISTANTS.

To the Editor of THE LANCET.

SIR,—This week's issue of THE LANCET again brings before my notice a subject and grievance of long standing, and one on behalf of which many appeals have been made, and no response given. Permit me, then, to make a few remarks, if you will kindly find a place in your columns for insertion—"the establishment of a Society for the improvement of medical assistants.' Why this want should be so long felt is a cause of wonder to many. Yet why will not some of our leading physicians and surgeons make a move to start so noble and philanthropic a work, and take the initiative in forwarding so praiseworthy a suggestion? Let not our noble profession be the only one without some encouragement, or how can we expect fresh recruits to enlist in our ranks. Let us be up and doing, and, I for one, will do my utmost to promote the movement. The question is, Can medical assistants be done without? If so, let us turn our attention to other and better things; if not, let us endeavour to amend their wrongs by founding this much-needed Society, thereby letting the hard-working assistant feel he is considered, and giving him a fresh impetus for exertion. Surely "the labourer is worthy of his hire." We hear of the Curates' Augmentation Fund, and we know it has so far met with a hearty response; we hear daily of the different trades' unions, and we meet with weekly in our valuable LANCET and other medical journals: "Wanted, an assistant with many qualifications &c., but must be married." This we know is to the advantage of the profession. But what is to become of their wives and children should the bread-winner be temporarily disabled whilst pursuing his arduous duties? Ought this to be the case in civilised England, especially when a little exertion on the part of some of our physicians might very soon remedy the evil?

Yours faithfully,

Oct. 29th, 1877. A SUBSCRIBER.

To the Editor of THE LANCET.

SIR,—"A Constant Reader" has, through your kindness, brought before the profession a pressing and important matter, which deserves more than a mere passing notice. The majority of practitioners have in early life been assistants, and therefore know something about their position &c.; but it must be remembered that as there are different shades of character among principals, even so is it with assistants, consequently great consideration and cogent rules are necessary in order that a Society may be stable, trusty, and solvent. The clergy, it is true, have Societies, mainly supported by the public, which not only increase curates' stipends, but even go so far as to provide help to incumbents whose incomes will not admit of their doing so themselves, and for such purposes custom has taught congregations in all parts to expect an annual appeal from the pulpit. Why not, then, by a combined action of principals and assistants, set on foot a Society that will not only aid assistants, but also be prepared in time of sickness or other unforeseen circumstances to provide some temporary help to principals who may in accordance with the rules of the Society be entitled to it upon application in due form? And as for the clergy, so for the medical profession—appeal to the prosperous public for help, and rest assured, if it is set about in the right way, such a Society is not beyond the powers of organisation. Lastly, I would recommend a preliminary meeting, and the formation of an executive committee, to show that work is really meant; and as all cannot be gathered together in one place, let sub-committees be formed in some of the large towns to receive suggestions, and report the same to head-quarters, wherever that may be.

Yours obediently,

Liverpool, Oct. 30th, 1877. C. S. S.

Dr. J. Dickson, (Beeford.)—From our own experience we should think that for the same amount of money it would be easy to obtain an English microscope quite equal in power to any foreign manufactured instrument; and for alterations, additions, and repairs, the advantage of easy communication with the maker is manifest. We should certainly advise the purchase of an English one.

UTERINE HÆMORRHAGE.

To the Editor of THE LANCET.

SIR,—In answer to a correspondent in THE LANCET of Nov. 3rd, it is stated that "the uterus has been often plugged with lint soaked in perchloride of iron to arrest hæmorrhage after operation, but not after labour." I beg to say that in 1864 I plugged the uterus with sponge soaked in perchloride of iron for hæmorrhage after complete inversion during labour. The case made a good recovery, and was communicated to THE LANCET at the time.

Yours faithfully,

Aberdeen, Nov. 5th, 1877. H. A. CESAR.

ADVERTISING DOCTORS: A SUGGESTION TO THE PUBLISHERS OF THE MEDICAL DIRECTORY.

M.D. should forward the advertisement to the publishers of the Medical Directory. We would take the liberty of suggesting to the publishers that they might administer a very effective and severe reproof to advertising doctors by refusing to publish their names and addresses in the Medical Directory. Such a proceeding on the part of the publishers would not detract from the feeling of interest with which the profession regards the Directory. The evil of advertising in one form or other is growing, and our Corporations are either indifferent to it or unable to stop it. At the present moment, when a new Directory is in course of preparation, we think our present suggestion not inopportune.

SOUTH AFRICA AS A HEALTH RESORT.

WE have been requested by a London physician to publish the following letter, which contains information of interest in connexion with the question of the value of South Africa as a health-resort:—

S. Michael's Home, Bloemfontein, O.F.S.,
S. Africa, 23rd Sept., 1877.

DEAR SIR,—I trouble you with a note, as I feel, with our good bishop, that having advised my coming out here, not only will you be glad to hear that I am already better for the change, and doubt not it will yet do me more good, but also to tell that our journey up the country was far less fatiguing and trying than I expected. I was able, through the kindness of friends, to rest two days at Cape Town, six at Port Elizabeth, and four at Graham's Town, which, doubtless, immensely helped me to bear the journey. We were only five days travelling from the last-mentioned place to this, and the passenger's cart is really a comfortable vehicle; the chief difficulty is the getting in and out. The roads also were much better than I expected, as well as the accommodation at the hotels at night. These have all been greatly improved the last year or two, and are still being improved I am told. You may also be interested to know that at last a small cottage hospital has been opened here, where patients can be received at a certain sum weekly under the care of a thoroughly well-trained nurse from England, and with the best medical skill the town affords. I think 20s. to 25s. weekly is the expense. Thanking you for the kind attention you gave me,

Believe me, dear Sir, yours sincerely,

——— ———.

Vox Populi.—It would be wholly inexcusable to take *any steps* with a view to unsettle the appointment of a Poor-law medical officer. The young practitioner must wait.

A Student.—Apply to the Secretary.

DE LISLE ALLEN FUND.

MRS. DE LISLE ALLEN gratefully acknowledges the undermentioned donations which she has received in answer to the appeal made in our columns:

J. Erichsen, Esq., F.R.S.	£5	0	0	Wilson Fox, M.D.	1	1	0
Thos. Smith, Esq., F.R.S.	5	5	0	Morrant Baker, M.D.	1	1	0
B. W. Richardson, M.D., F.R.S.	2	2	0	Lennox Browne, Esq.	1	1	0
Sir J. Paget, Bart., F.R.S.	2	2	0	J. Clover, Esq.	1	1	0
Hughlings Jackson, M.D.	3	3	0	H. Stephens, Esq., Finchley	5	5	0
Sir W. Jenner, Bart., M.D.	2	2	0	O. H. Fowler, Esq., Cirencester	5	0	0
G. Critchett, Esq.	1	1	0	C. Coates, M.D., Bath	2	2	0
Dr. A. Clark	2	2	0	W. B. Page, Esq., Carlisle	2	2	0
Cæsar Hawkins, Esq., F.R.S.	2	2	0	W. Whitelaw, M.D., Kirkintilloch	0	10	6
Rev. G. Henslow	3	0	0	G. Bury, Esq., Whetstone	1	1	0
Russell Reynolds, M.D.	3	3	0	G. Bull, M.D., Hereford	2	2	0
Tilbury Fox, M.D.	2	2	0	L. T. C., Berkhampstead	1	1	0
H. E. Barker, Esq.	1	1	0	Henry Stear, Esq., Saffron Walden	2	0	0
Berkeley Hill, Esq.	2	2	0	W. Kelly, M.D., Taunton	1	1	0
J. Ogle, M.D.	1	0	0				
H. Bateson, Esq.	0	10	6				
Carr Jackson, Esq.	2	2	0				

Mr. Thomas Smith, F.R.S., 5, Stratford-place, W., has consented to receive any further donations to this Fund.

OBSTETRIC ITEMS.

To the Editor of THE LANCET.

SIR,—Having for some time taken an interest in obstetrics, I read with pleasure the analysis of Mr. Plaister's cases in your issue of Oct. 20th. For many reasons records of this kind are acceptable to the general practitioner. As he wishes for the result of experience in the administration of ergot, I give him mine, which is:—I have many times been disappointed in the results when I used the liquid extract of ergot (P.B.); but since I have tried the liquor secalis ammoniat. manufactured by Richardson and Co., Leicester, my expectations have been always and often happily realised. I find half a drachm every twenty minutes the best way to administer it, and have had very seldom to give more than the second dose. I have not had a case of post-partum hæmorrhage after its use.

With regard to the remarks on rupturing the membranes when the os uteri is the size of a shilling, I would wish to know if Mr. Plaister includes primiparæ. I have known it resorted to by others, and great delay attributed to so doing. In multiparæ, nothing contra, I have found it beneficial, and also gently pressing the anterior lip of the os forwards with the finger during a pain. Of course these remarks refer to head presentations only.

Yours truly,

E. J. GLISSAN, L.R.C.P., &c.

The Hebb, St. George's, Salop, Oct. 24th, 1877.

"CONGESTION OF THE LUNGS."

To the Editor of THE LANCET.

SIR,—I see in *The Times* of October 27th the announcement that Bishop Trower died of "congestion of the lungs." Has this term any meaning? My patients constantly tell me about their having had "congestion" of the lungs or liver; but I no more know what these expressions mean than I know what is meant by a "violent cold," and shall be much obliged if you or some of your readers will kindly enlighten me and others on this subject.

Yours truly,

Oct. 27th, 1877. M.D., B.Sc.

DRUNK OR DYING?

AN unfortunate case which lately occurred in Dublin bears upon the question of cerebral hæmorrhage *versus* drunkenness. It appears that a woman was picked up in the street one night last week by a police constable, who found her lying in an insensible condition, and had her removed on a car to Jervis-street Hospital. On arrival, the resident pupil of that institution diagnosed it as a case of drunkenness, gave her an emetic, and sent her to the police station, with the understanding that if she got worse she was to be brought back, which was done, but the poor woman died in a few hours after admission. An inquest was held by the coroner, when evidence was given that the deceased fell down suddenly whilst walking along apparently sober, and became insensible. A post-mortem examination showed extensive disease of various viscera (the woman having been of intemperate habits) and extravasation of blood on the brain. A verdict was returned that the deceased had died from excessive drinking, and that the resident pupil of the hospital had committed an error of judgment in not detaining the woman in hospital, and that all such cases in future should not be sent away. It appears to us that, although it is sometimes extremely difficult to diagnose between cerebral hæmorrhage and drunkenness, the history of this case—viz., the sudden insensibility, loss of speech, the vomiting, coldness of the extremities, and the convulsive movements at the police station—pointed unmistakably to cerebral hæmorrhage, and the emetic injudiciously administered helped to hasten the fatal issue. In all probability the case was beyond medical skill; but we trust that greater care will be taken by hospital authorities in refusing admission to persons in an insensible condition.

HYDROPHOBIA.

To the Editor of THE LANCET.

SIR,—Your excellent leader on hydrophobia in THE LANCET of Oct. 27th is calculated to give an impetus to the therapeutics of hydrophobia that this subject has never yet received, but which it much needs.

You do well, of course, to lay great stress on the necessity for cauterisation, and even excision, after the bite of a positively rabid animal, and after even that of a suspicious one, because if the venom can be prevented from entering the system all danger will be obviated, or even if some part of it can, the risk will be diminished. Now, as all the venom is not immediately absorbed, but some of it lingers for some time in the tissues of the spot, this may be removed by excision, or even by the destruction of the tissues of the parts by cauterisation, and so the danger be diminished. It is doubtful if caustics, except the actual cautery, have any power of destroying the venom itself of a rabid animal. Dr. Mitchell, in his excellent essay on the Rattlesnake, has put it beyond question that they have no power of destroying the virulence of rattlesnake venom. But though the danger is diminished by cauterisation and excision, if performed within a short time after the bite, it is not altogether removed, because, as in the case of bites of venomous serpents, some of the venom is absorbed and carried into the general circulation immediately, certainly within a quarter of a minute. In experiments with venomous serpents, constitutional symptoms sometimes show themselves within a quarter of a minute. However quickly and however thoroughly, therefore, cauterisation or excision is performed, no person ought to be considered to be put beyond danger by the operation alone. Something more is needed; for he has some of the venom within him, and it will perform its work as a ferment, less or more in proportion to its quantity and virulence and the resisting power of the individual. Now, the natural resisting power of the individual may of itself be sufficient to overcome the influence of the venom, as in some cases it evidently is, and as it is in many cases of snake-bite, and so the ordinary symptoms of hydrophobia will not show themselves; but, if not, they will display themselves in due time, shorter or longer in proportion to the quantity and virulence and resisting power. Now, the natural resisting power may be diminished by fear and other depressing and exhausting causes; but it may also be increased by various means, mental and physical, and even medicinal, such as encouragement, hope, forgetfulness, exercise, Turkish baths, tonics, &c., and even by specific medicines, as indicated by the successful treatment by curara, referred to by you. But all these means should have fair play, should have a fair start—an equal start with the venom,—should be begun immediately after the introduction of the venom, and should be carried on perseveringly until past the period of incubation of the venom; especially should any specific medicine thought of—curara, for instance—have a fair chance, by being introduced immediately, and its influence should be kept up perseveringly by small doses during the whole period of incubation. I believe the profession has itself to blame for its want of success in the treatment of rabid infection. We have no right expectantly to await the full development of the symptoms; it is then too late. Prevention is our province; cure is out of our reach. We ought not to wait and let the poison have a two or three months' start of us. Let us introduce our medicinal influence immediately, and keep it up persistently, and I see no reason why we should not enable the system to resist the influence of the virus. We have plenty of time. But how can we expect to have success if we start two or three months late?

I remain, Sir, yours truly,

Liverpool, Oct. 27th, 1877. JOHN W. HAYWARD, M.D.

To the Editor of THE LANCET.

SIR,—As cases of hydrophobia are again being reported, may I draw your attention to a few facts, especially as regards treatment, observed in two cases admitted into the London Hospital, under Dr. Fenwick, during the summer.

Both patients were strong, healthy men; both were bitten on the hand by rabid dogs; both remained well subsequently, one for two, the other for four months; and both were suddenly attacked, and died in from four to five days. The symptoms first noticed were constant sickness, headache, and prostration, with pain along the nerves implicated in the bite. Next, a day later, restlessness; respiratory spasm, especially of the diaphragm, on any attempt to swallow liquids; and very shortly a peculiar excitement, accompanied by illusions. There was a markedly livid congestion of the skin, and a hard, rapid, and quick pulse. In one there was greatly increased cutaneous sensibility. Lastly, as a third stage, there came on, about two days later, delusions, together with, in the first, fits of furious mania alternating with intervals of sanity, the fits increasing in frequency and length to the end; in the second with continuous busy delirium, harmless whilst unopposed, but passing into mania a few hours before death. Both ate and tried to drink, occasionally swallowing a drop or two with the utmost difficulty. The temperature varied from 100° to 103°, irregularly. Death in each case was caused by a sudden paralysis or spasm of the muscles of respiration; for the breathing became slow and quickly stopped, the veins filled, and the cutaneous congestion deepened to lividity. There was no sign before or after death of closure of the larynx. At the autopsies, general congestion, especially of the cervical cord, was found, but nothing else. Both patients were kept quiet and apart, and were fed by enemata of beef tea and milk at frequent intervals. In the first case acetate of morphia, given subcutaneously to as much as three grains in six hours, failed altogether in effect, in no way quieting the delirium. Chloroform could not be administered, as it choked the patient at once, even when very carefully given, rendering artificial respiration necessary. Such was also its action in another case. Ice to the spine was likewise useless. There were no special symptoms suggesting tracheotomy, or local treatment of the scar or nerves corresponding. In the other man the marked congestion was unrelieved by bleeding up to six ounces; but lessened considerably under aconite, given hypodermically in three doses of one-sixtieth of a grain at two hours' interval. The pulse at the same time softened, and the patient felt relieved. Chloral hydrate, given by enema, twenty or thirty grains occasionally, so as to keep the patient under its influence, had a very marked effect, diminishing much the delirium, and stopping the respiratory spasms, so as to allow the man to swallow milk by teaspoonfuls without much effort. At the same time it gave him quiet and refreshing sleep. Unfortunately, however, the administration was intermitted, and could not be resumed later in consequence of the patient's delirium. As a result of the observation of its action, there seems some probability that chloral has an influence, possibly great, over the disease, at all events in much modifying its outward manifestations. Such a probability is considerably strengthened by the facts noticed in a case admitted a short time since under Dr. Sansom, in which, with almost complete suppression of the prominent symptoms, life was prolonged to the tenth day (a longer period than in any of 200 recorded cases taken at random), whilst death was certainly accelerated by, and probably in great part due to, other causes than the disease itself. Apart from any direct action, might not chloral repress the disease till it has run its course, and thus lead to a good result? Or might it not in some way act directly, as it has done in some cases of traumatic tetanus lately cured by it? Whether curative or not, it certainly appears to relieve all the pressing and painful symptoms, and thus acting is likely to be a most valuable remedy. Finally, is it not possible for some thorough inquiry to be made into the nature of this hitherto intractable disease, which is certainly rather enlarging than restricting its terrible annual raid?

Yours truly,

W. P. MEARS,
Late House-Physician, London Hospital.

London Hospital, Oct. 30th, 1877.

To the Editor of THE LANCET.

SIR,—The alarming frequency of deaths from hydrophobia, and the little faith in present methods of treatment, have induced me to suggest the use of salicin, or one of its preparations, as a prophylactic remedy in this hitherto intractable disease.

Immediately after the person has been bitten by a rabid animal, I would advise salicin to be administered in such doses as would produce free perspiration, and that this should be continued for a reasonable period, with the view of eliminating from the circulation the morbus viri before it has established its habitat in the system. In acute rheumatism and in rheumatic fever, the rapid way in which this remedy either removes from the constitution by skin elimination, or neutralises and renders inert, the morbific matter that has caused the disorder, has impressed me with the belief this powerful and apparently safe medicine might possibly exert some salutary influence in preventing the development of a disease that has so long baffled the best efforts of the profession when the specific action of the virus has been established.

A leader in last week's LANCET on the "Treatment and Prevention of Hydrophobia" has strengthened my views as above suggested.

Yours &c.,

Nov. 5th, 1877. NIL DESPERANDUM.

To the Editor of THE LANCET.

SIR,—On reading the treatment of several cases of hydrophobia published in THE LANCET, I cannot help thinking that the use of morphia and opium is contrary to what we are taught by some of the post-mortem appearances. I refer for one to hyperæmia of the spinal cord. In many diseases and accidents which give rise to it, opium very often does not give relief; in fact, it does harm. I would suggest atropine and belladonna, the former used hypodermically, and the latter externally, particularly the extract smeared on the throat. Niemeyer does not suggest opium, but large doses of belladonna.

I am, Sir, yours faithfully,

Oct. 22nd, 1877. J. S. G.

To the Editor of THE LANCET.

SIR,—Will you allow me a small space to call attention to the great mistake made in cauterising the bite of a dog with nitrate of silver, which only destroys the cuticular surface, and forms a skin over the wound, never reaching the poison which has been absorbed in the slightest degree. Excision, actual cautery, or caustics, such as nitric acid (strongest), are alone of the least use. When hydrophobia is so widespread, it is a pity anyone should be misled into a fancied security by such an application as nitrate of silver.

Yours truly,

Hampton Court, Oct. 23rd, 1877. R. G. JACK, L.K.Q.C.P.I., &c.

To the Editor of THE LANCET.

SIR,—Hydrophobia having now become so prevalent, and greatly on the increase, it is time that some means should be used to check such a formidable disease; and, in my opinion, if Government would only take the matter in hand, and increase the tax upon each dog from 5s. to £1 1s., doubtless more than three-quarters of the dogs would be destroyed, which would considerably modify this most fearful malady, besides giving food to poor children, whose parents withhold from them to feed their dogs, and, no doubt, it is those mongrel and half-fed animals which propagate this disease, and which are of no use to the owners.

I am, Sir, yours faithfully,

October, 1877. MEDICUS.

C. A. L.—The story is a hard one; but surely, as detailed, there must be some episode omitted! No medical man, having advanced so far in a partnership arrangement as to have the deed drawn, would feel justified in throwing over the proposed partner, an assistant, without reason. The assistant would scarcely feel free to oppose his late employer.

Student.—West's and Meigs'.

Musgrave.—The last edition of Quain's Anatomy will probably supply the information required.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

To the Editor of THE LANCET.

SIR,—Would you kindly insert the enclosed resolution passed at our Council meeting last night, and oblige, Yours truly,

Bolt-court, Nov. 7th, 1877. J. WICKHAM BARNES.

"That this Council has seen with much satisfaction the action of the Local Government Board in directing their inspector, Mr. Long, to attend a meeting of the West Bromwich Board of Guardians for the purpose of urging upon them the reconsideration of the case of Mr. Downes, who, it will be remembered, was refused superannuation allowance by this Board after thirty-nine years' continuous service, without any complaint ever having been made against him, and he having reached the advanced age of seventy-six. The Council also begs to express its regret that this generous procedure on the part of the Central Authority should fail of success."

Mr. J. Mullins.—We cannot recommend a surgeon. Seek the advice of a respectable general practitioner, who will know whom to call in consultation if special treatment be required.

Mr. Thos. Bond.—We think it would be unwise to reopen the question.

Delta.—Probably not disqualified.

OWING to pressure on our space we are compelled to hold over several letters from "special correspondents" and others.

ERRATA.—In Mr. Dalby's letter on the Medical Aspects of Total Abstinence in the last number of THE LANCET, the comma in the seventh line from the bottom of the first column of page 670 should be omitted; and in the third line from top of next column, for "There," read "These."

COMMUNICATIONS not noticed in the current number shall receive attention in our issue of the ensuing week.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir T. Watson, London; Dr. Brown-Séquard, Boston; Sir James Paget; Dr. J. Pollock, London; Dr. A. Clark, London; Mr. Bond, London; Mr. H. Bunnett; Dr. Yeo; Dr. Walters, Reigate; Mr. Sweeting, London; Mr. Young, Stoke Newington; Dr. Skerrett, Clifton; Mr. H. May, Birmingham; Mr. Reeves, London; Mr. Reed, Philadelphia; Messrs. Gale & Co., London; Mr. Kenyon, Doncaster; Mr. Vincent, East Dereham; Mr. Barker, Whitehurch; Messrs. Spiers and Pond, London; Mr. Metcalfe, London; Dr. Munro, Bradford; Mr. Smith, Preston; Mr. Chavasse, Birmingham; Mr. Biggs, Colchester; Mr. Waters, London; Dr. D. Hooper, London; Mr. New, London; Mr. Adolphus, London; Mr. Coulton, Birmingham; Mr. Hayward, London; Mr. Bath, London; Col. Goddard, Dovercourt; Mr. Rumboll, London; Mr. Pearse, Kingsbridge; Mr. Mullins, London; Mr. Cowry, Brockhurst; Mr. Jones, Llanegwad; Mr. Oglesby, Leeds; Dr. Collyer, Enfield; Mr. Maclure, London; Mr. H. A. Cæsar, Aberdeen; Mr. T. Tyler, London; Mr. Jessett, Erith; Mr. Manby, East Reedham; Mr. Power; Dr. Lawton, Poole; Dr. James; Mr. Dillon; Mr. Franklin, Leicester; Mr. Griffith; Mr. Fenwick, Leipsig; Mr. Weldon; Mr. Hill; Dr. Irvine, Abergavenny; Mr. Nicholls; Mr. Newton; Mr. A. P. Gould; Dr. Smith, Kilburn; Mr. Berry; Mr. J. Croft; Mr. Dixon, Newcastle-on-Tyne; Mr. J. W. Barnes; Mr. Hodgkin; Mr. Meadows, Hastings; Messrs. M. Ward and Co.; Mr. Sewill; Dr. Hebblethwaite, Bawtry; Mr. Bird; Dr. Fletcher; Dr. Munro, Forres; Dr. Lilley; Dr. Dickson, Hull; Mr. Ford; Dr. Davies, Macsteg; Dr. Schumacher; Dr. Carra hers, Runcorn; Mr. Webb; Mr. Boydon; Dr. Denny; Mr. Forrest; Dr. Hibby; The Registrar-General of Births and Deaths; A Student; F. R.; Surgeon; A Coventry Student; M.D.; An Old Student; Medicus; Vox Populi; Musgrave; X. Y. Z.; F. P.; Nil Desperandum; C. A. J.; H.; Studens; Trochar; A. B., Preston; C. A. B.; A Thoughtless Schoolboy; Rusticus; Delta; Moderation; Daleth; F. R.; &c. &c.

LETTERS, *each with enclosure*, are also acknowledged from—Mr. Robinson, Darlington; Dr. Robathan, Risca; Dr. Power, London; Mr. Anderson, Royston; Messrs. Whidborne and Tozer, Teignmouth; Mr. Stratton, Newport; Mr. Bromley, Nottingham; Mr. Smith, Brighton; Mr. Hine, Ilminster; Mr. Heaton, Leeds; Mr. Stott, Haslingden; Mr. Fox, Bristol; Mr. Burlingham, King's Lynn; Dr. Eberle, Easingwold; Dr. Hamilton, Dublin; Messrs. Macnivea and Cameron, Edinburgh; Mr. Fosbroke, Birmingham; Mr. Smyth; Dr. Crabb, Birkenhead; Mr. Bridgeman; Mr. Barker; Mr. Stark; Dr. Kennard, Lambourn; Dr. Martin, Walkden; Mr. Howell; Dr. Akerman; Dr. Elliott, Gateshead; Mr. Rayner; Mr. Frost; Mr. Young; Mr. Elsome, Whitwell; Medicus, Ballycogley; H. W., M.D.; M.D., Swansea; Medicus, Tipton; X. Y.; M.D., Bayswater; M.B., Oxford; H. A.; Beta, Southampton; S. W. A.; A. D. L.; Oculist; K., Rochford; L.R.C.P. Lond.; H. M.; Medicus, Kent; A. B.; M.D., Brackley; Chirurgeon; Medicus, Middlesborough-on-Tees; T., Bradford; Medicus, Oxford; Organ; M. B. C., Crewe; F. A.; Reflex; Medicus.

Sanitary Journal for Scotland, Port Elizabeth Telegraph, Scotsman, Globe, Financial Opinion, Isle of Wan Times, South Durham Mercury, Temperance Record, Bicycling Times, Brief, Edinburgh Courant, Wiltshire Times, Exeter and Plymouth Gazette, Derbyshire Advertiser, &c., have been received.

METEOROLOGICAL READINGS

(Taken daily at 8 a.m. by Steward's Instruments.)

THE LANCET OFFICE, NOV. 8TH, 1877.

Date.	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Wet Bulb.	Dry Bulb	Solar Radia in Vacuo	Max. Temp. Shade	Min. Temp.	Rainfall.	Remarks at 8.30 A.M.
Nov. 2	30·23	S.E.	46	48	64	54	42	...	Foggy
,, 3	30·06	N.W.	45	49	74	55	45	0·04	Fine
,, 4	29·96	N.W.	45	50	72	55	38	...	Cloudy
,, 5	29·79	W.	49	51	82	60	44	0·02	Overcast
,, 6	29·73	S.W.	54	55	...	59	49	0·03	Raining
,, 7	29·64	S.W.	56	57	...	59	53	0·14	Overcast
,, 8	29·82	W.	52	57	...	57	46	0·08	Hazy

Medical Diary for the ensuing Week.

Monday, Nov. 12.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.

ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

MEDICAL SOCIETY OF LONDON.—8½ P.M. Dr. Drysdale, "On Pigmentary Syphilitic Affections in the Female, with Cases."

Tuesday, Nov. 13.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 3 P.M.

ANTHROPOLOGICAL INSTITUTE OF GREAT BRITAIN AND IRELAND.—8 P.M.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Mr. Barwell, "On a Large Aneurism of Aorta, Innominate, &c., treated by Double Distal Ligature."—Mr. Morrant Baker, "On Removal by Operation of a Hairy Mole occupying half the Forehead."

Wednesday, Nov. 14.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ST. MARY'S HOSPITAL.—Operations, 1½ P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.

ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.

KING'S COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at 1½ P.M.

GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.

LONDON HOSPITAL.—Operations, 2 P.M.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.

HUNTERIAN SOCIETY.—7½ P.M. Council.—8 P.M. Dr. Stephen Mackenzie, "On a Case of Capillary Bronchitis, with Remarks on Treatment."

EPIDEMIOLOGICAL SOCIETY.—8½ P.M. Inaugural Address by the President, Surgeon-General John Murray.

Thursday, Nov. 15.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.

ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

HARVEIAN SOCIETY.—8 P.M. Casual Communications.—Mr. Osman Vincent, "On a New Treatment of Lumbar Abscess."—Dr. Broadbent, "On a Case of Acute Dementia in a Child; Recovery."

Friday, Nov. 16.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 3 P.M.

Saturday, Nov. 17.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.

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